## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

| Application G 16913  | Township          |                       | -                            |  |
|--|-------------------|-----------------------|------------------------------|--|
| Priority Date Aug. 7, 2007   | Range             |                       |                              |  |
| Use(s)   | Section           |                       |                              |  |
| Rate CFS GCM   | PO <b>p</b> Loc   |                       |                              |  |
| County MucT.   | • •               |                       |                              |  |
| W.M.   |                   |                       |                              |  |
| .141.  | Caseworker        | 17720072              | <u>G.</u>                    |  |
| Applicant/Organization Name, Mailing   |                   |                       |                              |  |
| Source of water. If stored water, is the agreement for stored water must be                      |                   |                       | including a non-expired      |  |
| Property ownership indicated.  |                   |                       |                              |  |
| If applicant does not own all the mailing address must   |                   | cted landowner's na   | me and                       |  |
| If applicant does not own all the written authorization or an east canal or other work must be s | sement permittir  |                       |                              |  |
| Groundwater development section (Pag   | ge 2, Section 3 a | nd/or Page 3, Section | on 2) or a well log report.  |  |
| Proposed use of water. If supplemental, list primary water right acreage if applicable.          |                   |                       |                              |  |
| Enclosed Supplemental Form for each  | proposed use.     |                       |                              |  |
| O Form I (Irrigation)  | O Form M (M       | unicipal or Quasi-M   | funicipal)                   |  |
| O Form R (Mining)  | Form Q (Co        | ommercial or Indust   | rial)                        |  |
| O Spring Description Sheet   |                   |                       |                              |  |
| Amount of water from each source in g feet (AF)  | gallons per minu  | te (GPM), cubic fee   | et per second (CFS), or acre |  |
| CO Period of use   |                   |                       |                              |  |
| Water management section (Please estimate if the water system has not been designed).            |                   |                       |                              |  |

Resource Protection Section (Page 6, Section 5).

| 0   | For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required. |   |  |  |  |
|-----|---|---|--|--|--|
|     | O If the above is statement is ehecked, the map must be prepared by a CWRE.   |   |  |  |  |
| w   | All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.                                     |   |  |  |  |
| D   | other government survey description. A copy   | of the deed, land sales contract or title insurance policy mit a lot book report prepared by a title company. The bill. |  |  |  |
| LO  | A completed Land-Use Form or receipt signed officials. Date of signature must be within the   | and dated by the appropriate planning department past 6 months.   |  |  |  |
| 20  | The map must meet all the minimum requirem  | nents of OAR 690-310-0050.  |  |  |  |
|     | O Township, Range, Section  | O Location of main canals, ditches, pipelines or flumes   |  |  |  |
|     | O Place of use, 1/4, 1/4's and tax lot clearly identified   | O Even map scale not less than $4'' = 1$ mile (example: $1'' = 100$ ft, $1'' = 200$ ft, etc.)                           |  |  |  |
|     | O Location of each diversion point well or dam by reference to a recognized public land survey corner   | O North Directional Symbol  |  |  |  |
|     | O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture  | O Other SEVERAL   |  |  |  |
|     | O Reference corner on map   |   |  |  |  |
| . « | O Each point of diversion coordinate  Q.22  | 3 100<br>Gra  |  |  |  |
|     | Fees: Amount of water requested   |   |  |  |  |
|     | Base Fee \$   | Total Exam Fee \$ 710   |  |  |  |
|     | 1st CFS/AF  | Total Paid \$ 757   |  |  |  |
|     | Addtn'l CFS/ AF @ =<br>Addtn' POD @ =   | Amount Due \$ 50 AMLIED RF  |  |  |  |
|     | Reviewed by HJM   | Date <u>Auc. 8</u> , 2007   |  |  |  |

Project schedule (If system is already completed, indicate "existing").