ACCONTEN

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

	,
Application G 16914	Township 45
Priority Date Aug 10 2007	Range 3 W/
Use(s)   IRRIG	Section
Rate 0.06 CFS	
County TAMHICL	POULOC_NE/4 NW/4 & NW/4 NE/4
W.M. MIKE MCCO	Caseworker ALTSEA M.
	g Address and Telephone Number, application signed in ink. e stored water component filed out, including a non-expired be included. (ORS 537.400)
Property ownership indicated.	
O If applicant does not own all the mailing address must	ne land, the affected landowner's name and be listed.
	ne land, a statement declaring the existence of either sement permitting access to land crossed by the proposed ditch ubmitted.
Groundwater development section (Pag	ge 2, Section 3 and/or Page 3, Section 2) or a well log report.
Proposed use of water. If supplemental	l, list primary water right acreage if applicable.
Enclosed Supplemental Form for each	proposed use.
O Form I (Irrigation)	O Form M (Municipal or Quasi-Municipal)
O Form R (Mining)	O Form Q (Commercial or Industrial)
O Spring Description Sheet	
Amount of water from each source in g feet (AF)	gallons per minute (GPM), cubic feet per second (CFS), or acre
Period of use	
Water management section (Please est	imate if the water system has not been designed).

Resource Protection Section (Page 6, Section 5).

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, 0	For reservoir applications storing more than preliminary plans and specifications for dam	9.2 acre feet, and a dam height of more than 10 feet, and impoundment are required.
	O If the above is statement is checked, the	map must be prepared by a CWRE.
<u> </u>	All applicants (or the authorized agent with ti sign the application in ink.	tle or authority if for an organization or corporation), must
D	other government survey description. A copy	or of the deed, land sales contract or title insurance policy omit a lot book report prepared by a title company. The bill.
W	A completed Land-Use Form or receipt signe officials. Date of signature must be within th	d and dated by the appropriate planning department e past 6 months.
-0	The map must meet all the minimum requiren	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 Corper Maria K.
	O Reference corner on map	
	O Each point of diversion coordinate	•
w	Fees: Amount of water requested C. C.	16 CFS
	Base Fee \$	Total Exam Fee \$ 700
	1st CFS/AF	Total Paid \$
	Addtn'l CFS/ AF @ =	Amount Due \$ ONLY REC FEE
	Addtn' POD @ =	
	Reviewed by HJM	Date Aug 10, 2007

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