Standard Application Completeness Checklist
Minimum Requirements (OAR 690-310-0040) (ORS 537,400)

Application G 16879	Township S
Priority Date 6-25-2007	Range 44 €
Use(s) Comm/INDUS	Section 14
0.1857 5 ann. Rate CFS GPH	POPLOC. SEE MAC
County WALLOWA.	POU Loc. SEE MAR
expired agreement for stored water Property ownership indicated.	
O If applicant does not own all the mailing address must be listed.	land, the affected landowner's name and
• •	land, a statement declaring the existence of either ment permitting access to land crossed by the ork must be submitted.
Groundwater development section (Page report.	2, Section 3 and/or Page 3, Section 2) or a well log
Proposed use of water. If supplemental,	list primary water right acreage if applicable.
Enclosed Supplemental Form for each pr	roposed use.
O Form I (Irrigation)	Form M (Municipal or Quasi-Municipal)
O Form R (Mining)	Form Q (Commercial or Industrial)
O Spring Description Sheet	
Amount of water from each source in ga or acre feet (AF)	llons per minute (GPM), cubic feet per second (CFS),

O Period of use

6	Water management section (Please estimate	if the water system has not been designed).
10	Resource Protection Section (Page 6, Section	ı 5).
i	Project schedule (If system is already comple	sted, indicate "existing").
0	For reservoir applications storing more than feet, preliminary plans and specifications for	9.2 acre feet, and a dam height of more than 10 dam and impoundment are required.
	O If the above is statement is checked, the	map must be prepared by a CWRB.
10	All applicants (or the authorized agent with ti corporation), must sign the application in ink	
6	You must include a Legal description of the p bounds, or other government survey descript title insurance policy can provide this inform prepared by a title company. The Department	ion. A copy of the deed, land sales contract or ation, or you may submit a lot book report
A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Date of signature must be within the past 6 months.		
The map must meet all the minimum requirements 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 $4^{\circ} = 1$ mile (example: $1^{\circ} = 100$ ft, $1^{\circ} = 200$ 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
•	O Reference corner on map	
	O Each point of diversion coordinate	· · · · · · · · · · · · · · · · · · ·
10	Fees: Amount of water requested	> 000
	Base Fee \$	Total Exam Fee \$
٠.	1st CFS/AF	Total Paid \$
·• .	Addtn'l @ =	Amount Due \$
	Reviewed by AJM	Date 6-26-2007