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

Application G 16893	Township 6 S	
Priority Date 7-13-200		
Use(s) RSRVR MUTO		
0,1114 5 Rate CF3 GP	0	
County WASCO	POU Loc See MA	
W.M	Caseworker Kerny K	
Source of water. If stored water,	failing Address and Telephone Number, application signed in ink. is the stored water component filed out, including a non-expired must be included. (ORS 537.400)	
Property ownership indicated.		
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed.		
O If applicant does not own all the land, a statement declaring the existence of either written authorization or an easement permitting access to land crossed by the proposed ditch canal or other work must be submitted.		
Groundwater development section (Page 2, Section 3 and/or Page 3, Section 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 (Municipal or Quasi-Municipal)	
O Form R (Mining)	O Form Q (Commercial or Industrial)	
O Spring Description Shee	t	
Amount of water from each sour feet (AF)	ce in gallons per minute (GPM), cubic feet per second (CFS), or acre	
Period of use		
Water management section (Please estimate if the water system has not been designed).		
Resource Protection Section (Page 6, Section 5).		

6	Project schedule (If system is already comple	ted, indicate "existing").
	For reservoir applications storing more than 9 preliminary plans and specifications for dam	2.2 acre feet, and a dam height of more than 10 feet, and impoundment are required.
(O If the above is statement is checked, the r	nap must be prepared by a CWRE.
	All applicants (or the authorized agent with tit sign the application in ink.	le or authority if for an organization or corporation), must
(other government survey description. A copy	roperty involved that includes a metes and bounds, or of the deed, land sales contract or title insurance policy mit a lot book report prepared by a title company. The bill.
•	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.
LOT	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 CWRE TOLL
	O Reference corner on map	
	O Each point of diversion coordinate	
F	Fees: Amount of water requested C	Erm Erm
ONE	Base Fee \$	Total Exam Fee \$
	1st CFS/AF	Total Paid \$
4	Addtn'l CFS/ AF @ =	Amount Due \$
ROJECTS	Addtn' POD @ =	
	Reviewed by HJM	Date 7-16-2807