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

| Application | G 16896 | Township | | 11 8 | | |
|---------------|---|--------------------|----------------|---------------|--|-----------|
| Priority Date | 7-16-200 | Range | ** ** | 4 W | <u> </u> | |
| Use(s) | reio- | Section | | 32 | 2 | |
| Rate CF | 6-LW | POM Loc_ | 5 | <i>S</i> 1 | | |
| County | FMM | POU Loc | Sec | E // | *C | |
| W.M | | Caseworker | BRE | iote (| A ser Witter or a service of the ser | |
| Applicant/O | rganization Name, Mailin | ng Address and | Telephone N | umber, appl | ication signed is | n ink. |
| | ater. If stored water, is the ent for stored water must | | | | ding a non-exp | ired |
| Property own | nership indicated. | | | | | |
| O If ap | pplicant does not own all t mailing address must | | fected landow | ner's name a | and | |
| writ | oplicant does not own all te tten authorization or an ea al or other work must be s | sement permit | | _ | | ed ditch |
| 6 Groundwater | development section (Pa | ge 2, Section 3 | and/or Page | 3, Section 2) | or a well log re | eport. |
| Proposed use | e of water. If supplementa | ıl, list primary v | water right ac | reage if appl | icable. | |
| Enclosed Su | pplemental Form for each | | | d i | Exed | |
| O Form | m I (Irrigation) | O Form M (| Municipal or | • | , | |
| O Form | m R (Mining) | O Form Q (0 | Commercial o | r Industrial) | | |
| O Spri | ng Description Sheet | | | | | |
| Amount of w | vater from each source in | gallons per mir | nute (GPM), o | cubic feet pe | r second (CFS). | , or acre |
| Period of us | e | | | | | |
| O Water mana | gement section (Please es | timate if the un | ater cyctem he | is not been d | esigned) | |

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 checked, the map must be prepared by a CWRE. | | | | | |
| .0 | All applicants (or the authorized agent with tit sign the application in ink. | tle or authority if for an organization or corporation), must | | | | |
| Œ | 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. | | | | |
| O | A completed Land-Use Form or receipt signed officials. Date of signature must be within the | d and dated by the appropriate planning department e past 6 months. | | | | |
| X | 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 Revared, INITAZED | | | | |
| | O Reference corner on map | • | | | | |
| | O Each point of diversion coordinate | 134 | | | | |
| 0 | Fees: Amount of water requested CFS | GM | | | | |
| | Base Fee \$ | Total Exam Fee \$ 700 | | | | |
| | 1st CFS/AF | Total Paid \$ | | | | |
| | Addtn'l CFS/ AF @ = | Amount Due \$ REC FEE | | | | |
| | Addtn' POD @ = | | | | | |
| | Reviewed by | Date 7-17- 2007 | | | | |

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