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

Application G 16905	Township 24 S	
Priority Date 7-20-2007	Range (S) $8 \in 4 9 \in$	
Use(s) AUASI - MUNIC 5.57 2500 Rate CFS Grm	Section_ See MAP	
Rate CFS Grm	POPLOC SEE MAP	
County KLAM	POULOC SERV. DIST. POUNDARIES	
W.M.	Caseworker JEANA E	
TOTAL	10 12/0765	
Les Applicant/Organization Name, Mailin	g Address and Telephone Number, application signed in ink.	
Source of water. If stored water, is the agreement for stored water must be	e stored water component filed out, including a non-expired pe included. (ORS 537.400)	
O Property ownership indicated.		
O If applicant does not own all the mailing address must	he land, the affected landowner's name and be listed.	
* *	he land, a statement declaring the existence of either sement permitting access to land crossed by the proposed ditch ubmitted.	
Groundwater development section (Page	ge 2, Section 3 and/or Page 3, Section 2) or a well log report.	
Proposed use of water. If supplementa	l, list primary water right acreage if applicable.	
Enclosed Supplemental Form for each proposed use.		
O Form I (Irrigation)	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 feet (AF)	gallons per minute (GPM), cubic feet per second (CFS), or acre	
Period of use		
Water management section (Please es	timate if the water system has not been designed).	
Resource Protection Section (Page 6,	Section 5).	

Froject schedule (II system is already co	impleted, fildleate existing).
O For reservoir applications storing more to preliminary plans and specifications for	han 9.2 acre feet, and a dam height of more than 10 feet, dam and impoundment are required.
O If the above is statement is checked,	the map must be prepared by a CWRE.
O All applicants (or the authorized agent w sign the application in ink.	ith title or authority if for an organization or corporation), must
other government survey description. A	the property involved that includes a metes and bounds, or copy of the deed, land sales contract or title insurance policy submit a lot book report prepared by a title company. The tax bill.
O A completed Land-Use Form or receipt s officials. Date of signature must be with	igned and dated by the appropriate planning department in the past 6 months.
 O The map must meet all the minimum requ	uirements 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 70,AL
O Reference corner on map	
O Each point of diversion coordinate Fees: Amount of water requested	57 2500 FS GPM
Base Fee \$	Total Exam Fee \$ 3 (16)
1st CFS/AF	Total Paid & ONEY EXAM FEE PAID
Addtn'l CFS/ AF @ =	Amount Due \$ Ret. 12-2
Addtn' POD @ =	
Reviewed by HJM	Date 7-20-2007
TUTAL	