Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Application g. 1705.2 Township 38 5 Priority Date 5 18 2008 Range Use(s) Geother Councy Section 76 Rate 77 POD Loc 78 Applicant/Organization Name, Mailing Address and Telephone Number. Applicant/Organizati				
Use(s) Gordon Rate Core Coecies Section Rate Core POD Loc Now Now No. 17 POD Loc Now No. 17 Caseworker Now No. 17 Caseworker Now No. 18 Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400) No. 18 N	Application 9-17052	Township	385	S. Shines
Rate POD Loc Number Pod	Priority Date 5-14-2008	Range	9€	2
POU Loc W.M	Use(s) GEOTHERMAC COOZING	Section	76	thes
W.M	Rate CF5 GPM	POD Loc	NW A	Un I
Applicant/Organization Name, Mailing Address and Telephone Number. Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400) NOTE: A surface water application cannot be filled at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application (E2). The proposed source is on is not ceircle one) withdrawn from further appropriation, or Division 538. it is, return application and fees. Property ownership indicated. If applicant does not own all the land, the affected landowner's name and mailing address must be listed. 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 3 and 4, Section B) 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. Form I (Irrigation) Form M (Municipal or Quasi-Municipal) Form R (Mining) Form Q (Commercial or Industrial). Spring Description Sheet	CountyKLAM	POU Loc	NW 1	VW .
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	O Spring Description Sheet	Salar Brot	1805	
		gallons per minute (GPM), cubic feet	per second (CFS), or acre

Water management section (Please estimate if the water system has not been designed).

If

Resource Protection Section (Page 6, Section	n 5).		
Project schedule (If system is already comple	eted, indicate "existing").		
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.		
If the above is statement is checked, the	map must be prepared by a CWRE.		
All applicants (or the authorized agent with the sign the application in ink. Signature must be	itle or authority if for an organization or corporation), must be an original "wet" signature.		
other government survey description. A copy	property involved that includes a metes and bounds, or y of the deed, land sales contract or title insurance policy omit a lot book report prepared by a title company. The bill.		
	ed and dated by the appropriate planning department the past 12 months. Signature must be an original "wet"		
The map must meet all the minimum requires	ments of OAR 690-310-0050.		
Township, Range, Section	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)		
Place of use, 1/4, 1/4's and tax lot clearly identified	Even map scale not less than $4" = 1$ mile (example: $1" = 100$ ft, $1" = 200$ ft, etc.)		
Location of each diversion point well or dam by reference to a recognized public land survey corner	North Directional Symbol		
Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other		
Reference corner on map			
Each point of diversion coordinate	0.134		
Fees: Amount of water requested 40 gpm	CES		
Base Fee \$ 500	Additional Use @=		
Base Fee \$ 500 / 1st CFS/AF 200 /	Total Exam Fees \$ 900		
Addtn'l CFS/ AF @ =	Total Paid \$ 900 Amount Due \$ 900		
Reviewed by:	Date: 5/14/08		
0 1 11	05.00.2000.1		

STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A RECEIPT # 92487 INVOICE # . SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) APPLICATION RECEIVED FROM: PERMIT BY: TRANSFER CASH: CHECK:# OTHER: (IDENTIFY) X 30690 **TOTAL REC'D** 1083 TREASURY 4170 WRD MISC CASH ACCT 0407 COPIES RECEIVED (IDENTIFY) OTHER: 0244 Muni Water Mgr PAFR THE COLUNTER 0243 I/S Lease WRD OPERATING ACCT **MISCELLANEOUS** 46111 **COPY & TAPE FEES** 0407 \$ 0410 RESEARCH FEES MISC REVENUE: (IDENTIFY) 0408 \$ TC162 DEPOSIT LIAB. (IDENTIFY) **EXTENSION OF TIME** 0240 RECORD FEE **WATER RIGHTS: EXAM FEE** \$ SURFACE WATER 0202 0201 0204 **GROUND WATER** 0203 0205 **TRANSFER** LICENSE FEE **EXAM FEE** WELL CONSTRUCTION 0219 \$ 0218 WELL DRILL CONSTRUCTOR 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE 0536 TREASURY WELL CONST START FEE 0211 CARD# CARD # MONITORING WELLS 0210 OTHER (IDENTIFY) TREASURY 0467 HYDRO ACTIVITY LIC NUMBER 0607 \$ 0233 POWER LICENSE FEE (FW/WRD) \$ 0231 HYDRO LICENSE FEE (FW/WRD) HYDRO APPLICATION TREASURY OTHER / RDX FUND TITLE OBJ. CODE VENDOR # \$ DESCRIPTION

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal

92487

RECEIPT:

30690

Oregon Water Resources Department, 725 Summer St. NE, Suite A, Salem, OR 97301-1271

Invoice #

Check Date:

Bill#

817

Shortcut Acct Description

971 New Facility

Invoice Date

5/13/08

5/13/08

Comment

MAY 1 4 2008

RECEIVED

WATER RESOURCES DEPT SALEM, OREGON

RECEIVED **OVER THE COUNTER**