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

			7 4	A43 CONCOLUN	
Application	8-	7175	Township	25	
Priority Date	15-1	8 na 2 - 4	Range	14 w/	
Use(s) 6 5	MATER	ON Pgt	Section	8 9	117
Rate 4 5	Marker	on 1g4	POD Loc	SEE N	140
County	TAN	14	POU Loc	SEE 1	MAC
W.M	16		Caseworker	BROOK	G
Applicant/C	Organizati	ion Name, Mailin	g Address and Tel	ephone Number.	
agreement for so the filled at the state of the PROPOSE. The propose it is, return Property ow Off agreement for so the state of the	stored was same time. D Reserve application of the policant of	ter must be include as a Reservoir of oir application (E) e is of is not (e) on and fees. Indicated. Idoes not own all the ress must be listed to the control of the cont	led. (ORS 537.400 or Alt Reservoir if is 22). le one) withdrawn the land, the affected. the land, a statement	from further approp	
		er work must be s		access to faile cross	ed by the proposed diten
O Groundwate	r develop	ement section (Pa	ge 3 and 4, Section	B) or a well log rep	port.
Proposed us	se of water	er. If supplementa	l, list primary wate	r right acreage if ap	plicable.
Enclosed Su	ıpplemen	ital Form for each	proposed use.		
For	m I (Irrig	ration)	O Form M (Mur	nicipal or Quasi-Mu	nicipal)
O For	m R (Min	ning)	O Form Q (Com	mercial or Industria	1)
.1		ription Sheet m each source in	gallons per minute	(GPM), cubic feet p	per second (CFS), or acre

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

Resource Protection Section (Page 6, Sec	ction 5).		
Project schedule (If system is already cor	mpleted, indicate "existing").		
O For reservoir applications storing more the preliminary plans and specifications for o	nan 9.2 acre feet, and a dam height of more than 10 feet, lam and impoundment are required.		
O If the above is statement is checked,	the map must be prepared by a CWRE.		
All applicants (or the authorized agent wi sign the application in ink. Signature mu	th title or authority if for an organization or corporation), musust be an original "wet" signature.		
other government survey description. A	he 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.		
1	gned and dated by the appropriate planning department in the past 12 months. Signature must be an original "wet"		
The map must meet all the minimum requ	pirements of OAR 690-310-0050.		
O Township, Range, Section	O Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)		
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 recognize public land survey corner	O North Directional Symbol d		
O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other STUNTENER ENGRG-		
O Reference corner on map	P.E.		
O Each point of diversion coordinate			
Fees: Amount of water requested			
Base Fee \$Sto	Additional Use @=		
1st CFS/AF 200	Total Exam Fees \$		
Addtn'l CFS/ AF @ = Addtn' POD @ =	Total Paid \$Amount Due \$		
Reviewed by: 47m1	Date: 5-15-2008		

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 92499

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 03) 986-0900 / (503) 986-0904 (fax

INVOICE # _____

(503) 986-0900 / (503) 986-0904 (fax)									
CEIVED FRO	om: Greg	APPLICATION	ON.						
RECEIVED FROM: Gregory Karch				PERMIT					
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	X 1694	OTHER: (IDENTIF	*)	TOTAL RECY	\$2020.0				
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0203	GROUND WATE	R	\$	0204	\$				
0205	TRANSFER		\$						
	WELL CONSTR	UCTION	EXAM	FEE	LICENSE FEE				
0218	WELL DRILL CO	ONSTRUCTOR	\$	0219	\$				
	LANDOWNER'S	PERMIT		0220	\$				
	OTHER	(IDENTIFY)							
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NEW APPLICATIONS (GROUND WATER, RESERVOIR, & SURFACE) ROUTE SLIP

RECEIPTING 5 14108 POST CARD SENT SONNIE \$ HTM 5-15-2008	Caseworker:	
DATA CENTER 🔀	Brook Geffen Jeana Eastman	503-986-0808 5 03-986-0859
GEOLOGY REVIEW YES NO	Joel Plahn Kerry Kavanagh	503-986-0815

WATER RIGHTS SUPPORT 💢 ()\S



ATTN: WATER RIGHTS
SUPPORT....>>>> Mark contents of file with
application number;
Update the WRIS Database with caseworkers name.
Route file to Caseworker.

