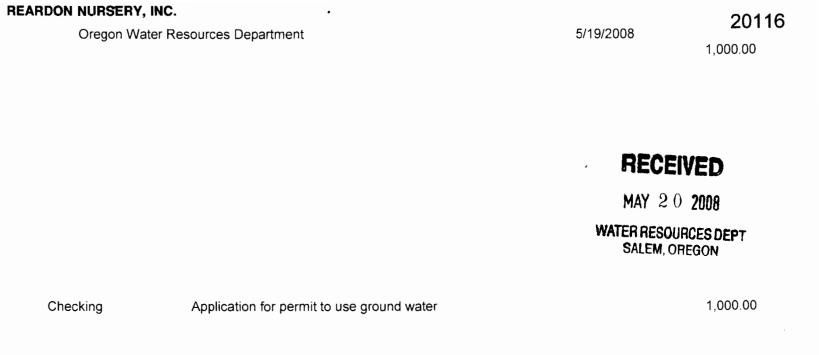
Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537,400)

Application (Township 5
Priority Date 5.20.08 Range 4 E
Use(s) Sup Nus Section 30
Rate 0,174 POD Loc. NWSW
County Class POU Loc. NE SW, NWSW
d
Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.
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)
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.
O Enclosed Supplemental Form for each proposed use.
Form I (Irrigation) O 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 gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use

	Water management section (Please estim	nate if the water system has not been designed).						
9	Resource Protection Section (Page 6, Section 5).							
Ö	O Project schedule (If system is already completed, indicate "existing").							
Ó	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.						
	All applicants (or the authorized agent wi corporation), must sign the application in	th title or authority if for an organization or ink.	:					
Ø	bounds, or other government survey describe insurance policy can provide this inf	the property involved that includes a metes and cription. A copy of the deed, land sales contract or formation, or you may submit a lot book report ment will not accept a copy of the tax bill.	· -					
9	A completed Land-Use Form or receipt si department officials. Date of signature m	igned and dated by the appropriate planning ust be within the past 6 months.	·					
ø	The map must meet all the minimum requ	nirements of OAR 690-310-0050.						
	Township, Range, Section	Location of main canals, ditches, pipelines or flumes						
,	© 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.)	,					
	Location of each diversion point well or dam by reference to a recognized public land survey corner	O North Directional Symbol d						
	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	Fees: Amount of water requested	<u> </u>						
. \ ,	Base Fee \$ SOU 1st CFS/AF 2 CO	Total Exam Fee \$ 100 + Total Paid \$ 000	3a) recordin					
16	Addtn'l @=	Amount Due \$						
	Reviewed by	Date SILIOC	· · · · · · · · · · · · · · · · · · ·					

STATE OF OREGON

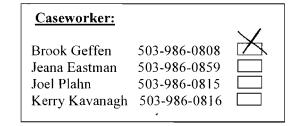
ECEIPT #	92563	SALEM, O	CES DEPART r St. N.E. Ste. A R 97301-4172 (503) 986-0904 (fax)	INVOICE #	
ECEIVED FRO	ом: Kara	on Nurs	ery, Inc	APPLICATION	617056
/ :				PERMIT	
ASH: (CHECK:#	OTHER: (IDENTIFY)		TRANSFER	
	× 20116		[TOTAL REC'D	\$ 1,000,00
1083	TREASURY	4170 WRD	MISC CASH A	ССТ	
0407	COPIES				\$
	_ OTHER:	(IDENTIFY)			\$
0243 I/S I	_ease 024	14 Muni Water Mgmt.	Plan 024	5 Cons. Water	
			OPERATING A		
	MISCELLANEOU		OI LIIAIIIG A		_
040 7	COPY & TAPE FE				\$
0410	RESEARCH FEE				\$
0408	MISC REVENUE				\$
TC162	DEPOSIT LIAB.	,			\$
0240	EXTENSION OF				\$
0240				\neg	RECORD FEE
	WATER RIGHTS:		EXAM FEE		\$
0201	SURFACE WATE	R	\$	0202	
0203	GROUND WATER	R	\$700-UZ	0204	\$300-0)
0205	TRANSFER		\$		
	WELL CONSTRU	JCTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CO	NSTRUCTOR	\$	0219	\$
	LANDOWNER'S	PERMIT		0220	\$
	OTHER	(IDENTIFY)			
0536	TREASURY	0437 WEL!	L CONST. STAI	RT FEE	
0211	WELL CONST ST	TART FEE	\$	CARD #	
0210	MONITORING W		\$	CARD #	
0210			Ψ	CAND	
	_ OTHER	(IDENTIFY)			
0607	TREASURY	0467 HYD	RO ACTIVITY	LIC NUMBER	T_
0233	POWER LICENS	SE FEE (FW/WRD)	_		\$
0231	HYDRO LICENS	E FEE (FW/WRD)	L		\$
	_ HYDRO APPLICA	ATION			\$
	TREASURY	ОТНЕ	R / RDX		
FUND	-				
		TITLE			
		VENDOR #			<u> </u>
DESCRI	PTION			^ ^	\$ A
			1	/) ()	()
ECEIPT:	92563	DATED: 5	120/08/ 5		کسفیالا پر
		by - Customer, Yellow		Copy - File, Buff Cor	by - Fiscal



NEW APPLICATIONS (GROUND WATER, RESERVOIR, & SURFACE) ROUTE SLIP

RECEIPTING
POST CARD SENT
DATA CENTER

GEOLOGY REVIEW
ENFORCEMENT
YES
NO



WATER RIGHTS SUPPORT

GW
Files

ATTN:
SUPPO
applicat
Update
Route ft

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

Route file to Caseworker.

