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

This is the checklist used by WRD staff

existing Permit R14463

Appl	icatio	n G 17	670	Township	395		
Prior	ity Da	ite Mar 10	Zan8	Range	19E	<u> </u>	-
Use(s	s) /	RESRUR	MANT	Section	19 \$	20	-
Rate	1 9	CF 5	ZCO Gry	POP Loc	WEZC 19	SE.	SE
Coun	ty	LA	KE	POU Loc	SEE 1	no	
W.M		12		Caseworker _	BROOK	<u>G</u>	_
A So	ource		ed water, is the	e stored water co	Telephone Number Component filed ou		a non-expired
		oposed source is sturn application y ownership ind				ppropriation	, or Division 538. I
			es not own all t	he land, the affe	cted landowner's	name and	
	0	written authori		sement permitti	nent declaring the ng access to land		f either the proposed ditch
Gı.Gı	ound	water developm	ent section (Pa	ge 3 and 4, Sect	ion B) or a well le	og report.	
PI	opose	ed use of water.	If supplementa	l, list primary w	ater right acreage	if applicabl	e.
O E	nclose	ed Supplemental	Form for each	proposed use.			
1/A	\circ	Form I (Irrigati	on)	O Form M (M	Iunicipal or Quas	i-Municipal)
/ / /	0	Form R (Minin	g)	O Form Q (C	ommercial or Ind	ustrial)	
.	0	Spring Descrip	tion Sheet		200		
	moun eet (A		each source in	gallons per min	ute (GPM), cubic	feet per sec	ond (CFS), or acre
P	eriod	of use					

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

Resource Protection Section (Page 6, Section	on 5).
Project schedule (If system is already comp	leted, indicate "existing").
O For reservoir applications storing more than preliminary plans and specifications for dar	19.2 acre feet, and a dam height of more than 10 feet, and impoundment are required.
O If the above is statement is checked, the	e map must be prepared by a CWRE.
All applicants (or the authorized agent with sign the application in ink. Signature must	title or authority if for an organization or corporation), must be an original "wet" signature.
other government survey description. A cop	property involved that includes a metes and bounds, or by of the deed, land sales contract or title insurance policy abmit a lot book report prepared by a title company. The x bill.
	ned and dated by the appropriate planning department the past 12 months. Signature must be an original "wet"
The map must meet all the minimum require	ements of OAR 690-310-0050.
Township, Range, Section	O 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 CONSULTANT DEZINIS GLENDER
Reference corner on map	
Each point of diversion coordinate	
O Fees: Amount of water requested	GPM
Base Fee \$	Additional Use @
1st CFS/AF	Total Exam Fees \$ 7 ca
Addtn' POD @ =	Total Paid \$ 1000 Amount Due \$ ALC FEET PAID

Reviewed by: H/M Date: MAR 11 Zoo8

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT#	91696	 nmer St. N.E M, OR 97301	E. Ste. A -4172	INVOICE #	

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STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 92004

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 3) 986-0900 / (503) 986-0904 (fax)

INVOICE # .

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