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

Application G 1707	Township	25 5	· · · · · · · · · · · · · · · · · · ·
Priority Date 6-17-2098	Range	31 €	-
Use(s) PRIM IRRIG ACRES	Section	10 \$	16
Priority Date 6-17-2008 Use(s) PRIM RRIG ACRES Rate 3.5 CFS	POP Loc 3	SEE	MAC
County HARNEY		SEE	MAC
W.M	Caseworker	BROOK	G
Applicant/Organization Name, Mailing Source of water. If stored water, is the agreement for stored water must be included be filled at the same time as a Reservoir of	e stored water comp led. (ORS 537.400) or Alt Reservoir if it	onent filed out, i	ice water application cannot
The proposed source is or is not circle it is, return application and fees. Property ownership indicated.		rom further appr	opriation, or Division 538. I
O If applicant does not own all the mailing address must be listed		l landowner's na	me and
O If applicant does not own all the written authorization or an eacanal or other work must be s	sement permitting a	_	
Groundwater development section (Page	ge 3 and 4, Section	B) 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.		
Form I (Irrigation)	O Form M (Muni	cipal or Quasi-M	funicipal)
O Form R (Mining)	O Form Q (Com	mercial or Indust	rial)
O Spring Description Sheet			
Amount of water from each source in feet (AF)	gallons per minute	(GPM), cubic fee	et per second (CFS), or acre
Period of use Water management section (Please es	timate if the water s	system has not be	een designed).

00	Resource Protection Section (Page 6, Section 5).						
d	Project schedule (If system is already completed, indicate "existing").						
0	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.						
a p	All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature.						
ϕ	You must include a Legal description of the property involved that includes a metes and bounds, or other government survey description. A copy of the deed, land sales contract or title insurance policy can provide this information, or you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.						
4	A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Date of signature must be within the past 12 months. Signature must be an original "wet" signature.						
de	The map must meet all the minimum requirements 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 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 Reference corner on map Other ASSIST BT BAKER WELL INSTERDAND TO OTHER TO OTHER						
	Each point of diversion coordinate						
0	Fees: Amount of water requested 3.5 CFS CINE CHECK 3 AN(S)						
	Base Fee \$ 500 Additional Use @ Requires 140 1st CFS/AF 200 Total Exam Fees \$						
	2 Addtn' POD @ 100 = 400 Amount Due \$ RET FEE PLUS Reviewed by: 7/11 Date: 6-17-2008 # 600 6-20-200						

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 92901

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

INVOICE # _____

RECEIVED F BY:	ROM: Unite	d Countr	Estate	APPLICATION PERMIT	Sochelow
CASH:	CHECK:#			THANSFER	
	<u> 4548</u>	OTHER: (IDENTIFY)		TOTAL REC'D	\$ 2,700.0
108	3 TREASURY	4170 WRID	MISC CASH A	(CC)	
0407	COPIES				\$
	OTHER:	(IDENTIFY)			\$
0243 1/5	S Lease 024	l4 Muni Water Mgmt.	Plan 02-	45 Cons. Water	
	and the same of th	4270 WRD	OPERATING A	ACCT	
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0407	COPY & TAPE FE	ES 1	7072-11	00.00	\$
0410	RESEARCH FEE	s Gil	7073 80	0.0T)	\$
0408	MISC REVENUE	(IDENTIFY)	.0.5		\$
TC162	DEPOSIT LIAB.	(IDENTIFY)			\$
0240	EXTENSION OF	TIME			\$
	WATER RIGHTS:		EXAM FEE		RECORD FEE
0201	SURFACE WATE	R	\$	0202	\$
0203	GROUND WATER	3	\$2700.0	0204	\$
0205	TRANSFER		\$		
	WELL CONSTRU	ICTION	EXAM FEE	272. 3 27. 23	LICENSE FEE
0218	WELL DRILL CO		\$	0219	\$
	LANDOWNER'S	PERMIT		0220	\$
-	OTHER	(IDENTIFY)			
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0211	WELL CONST ST		\$	CARD	
0210	MONITORING WI	ELLS	\$	CARD	#
	OTHER	(IDENTIFY)			
060	7 TREASURY	0467 HYDR	O ACTIVITY	LIC NUMBER	
0233	POWER LICENSI	E FEE (FW/WRD)			\$
0231	HYDRO LICENSE	FEE (FW/WRD)			\$
	HYDRO APPLICA	TION			\$
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DESCR	IPTION			4 ~	\$
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RECEIPT:	92901	DATED: 6	17/08 BY:	Low	lle

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STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT #	92963	SALEM, O	r St. N.E. Ste. A R 97301-4172 (503) 986-0904 (fax)	INVOICE #	
RECEIVED FR	ROM: (/ni-le	d Countr	y Clemens	APPLICATION	15/7073
BY:	Real	Pstale	1500	PERMIT	<u> </u>
	CHECK:#	OTHER: (IDENTIFY	<u> </u>	TRANSFER	
	X 4559			TOTAL REC'D	\$ 600.00
1083	TREASURY	4170 WRD	MISC CASH AC	CT	
0407	COPIES				\$
	OTHER:	(IDENTIFY)			\$
0243 I/S	Lease 024				_
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	MISCELLANEOU	IS			<u></u>
0407	COPY & TAPE FE				\$ \$
0410	RESEARCH FEE				\$
0408	MISC REVENUE:	,			\$
TC162	DEPOSIT LIAB. (•			\$
0240	EXTENSION OF	IIME		_	
	WATER RIGHTS:		EXAM FEE	A A	RECORD FEE
0201	SURFACE WATE	R	\$	0202	\$
0203	GROUND WATER	3	\$600.00	0204	
0205	TRANSFER		\$	**	
	WELL CONSTRU	ICTION	EXAM FEE	14	LICENSE FEE
0218	WELL DRILL CON	NSTRUCTOR	\$	0219	\$
	LANDOWNER'S I	PERMIT		0220	\$
	_ OTHER	(IDENTIFY)			
0536	TREASURY	0437 WELI	. CONST. STAR	TFEE	
0211	WELL CONST ST	ART FEE	\$	CARD #	
0210	MONITORING WI	ELLS	\$	CARD #	
	_ OTHER	(IDENTIFY)			·
0607	TREASURY	0467 HYDI	RO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE	E FEE (FW/WRD)			\$
0231	HYDRO LICENSE	FEE (FW/WRD)			\$
	HYDRO APPLICA				\$
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