## **Standard Application Completeness Checklist**

Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

E II

SECONDARY EXPEDITED Application 87214 Township 35 S Priority Date JULY 2 2008 Range 1 W

SUPP STERCED

Use(s) INRIC 66.5 AF Section 31 Rate 66.50 AF POD Loc Now SE County JACKSON POULOC SEE MA W.M. Caseworker Jenny 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 The proposed source is or is not (circle one) withdrawn from further appropriation, or Division 538. If it is, return application and fees it is, return application and fees. Property ownership indicated. 574785 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. O. 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) O Form M (Municipal or Quasi-Municipal) O Form Q (Commercial or Industrial) O Form R (Mining) 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 estimate if the water system has not been designed).

Resource Protection Section (Page 6, Section	on 5). $\in \mathbb{Z}$								
Project schedule (If system is already completed, indicate "existing").									
O 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 elecked, the									
All applicants (or the authorized agent with a 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 copcan provide this information, or you may su  Department will not accept a copy of the tax	-								
• •	ed and dated by the appropriate planning department he past 12 months. Signature must be an original "wet"								
The map must meet all the minimum require	ements 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 recognized public land survey corner	O North Directional Symbol								
O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other CWRE  HERB FARBER  C) 45								
O Reference corner on map	4 045								
O Each point of diversion coordinate	S.50 AF  OVER PAID  DUE RETUN  \$109,50								
Fees: Amount of water requested6	5.50 AF \$109,50								
Base Fee \$	Additional Use @=								
1st CFS/AF	Total Exam Fees \$457								
Addtn'l CFS/ AF @ = Addtn' POD @ =	Total Paid \$ 866, 50 Amount Due \$ Ree Fee 300 PAID REMAINDER \$109, 50								
Reviewed by:	Date: July 3 2008								

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 93147

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

7301-4172 INVOICE # \_\_\_\_\_

0201 SURFACE WATER \$56.50 0202 \$ 30 0203 GROUND WATER \$ 0204 \$	4	APPLICATION 872/4				P, MC				CEIVED FROM: RRTP, LLC					
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