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

Application _	87221	Township	35	22	
Priority Date	JULT 9 ZAMB	Range	1 \	<u> </u>	
	IRRIG				
Rate	2,7 AF	POD Loc	See	MAP	
County	Z.7 AF JACKSON	POU Loc	SEE	MAP	
W.M		Caseworker	Joez	7	
Source of agreement for be filled at the the PROPOS.	Organization Name, Mailin water. If stored water, is the stored water must be include same time as a Reservoir of ED Reservoir application (E)	e stored water com led. (ORS 537.400 or Alt Reservoir if (2).	nponent filed ou i) <i>NOTE: A su</i> it will be for th	it, including a urface water of e use of the st	application cannot tored water under
it is, retur Property o	osed source is of is not circ rn application and fees. ownership indicated. applicant does not own all the railing address must be listed.	He land, the affect	/		or Division 538. 1
v	applicant does not own all to written authorization or an ea anal or other work must be s	sement permitting	_		
O Groundwa	der development section (Pa	ge 3 and 4, Section	u B) or a well I	og report.	
Proposed	use of water. If supplementa	l, list primary wat	er right acreage	if applicable	
Enclosed	Supplemental Form for each	proposed use.			
F	orm I (Irrigation)	O Form M (Mu	nicipal or Quas	i-Municipal)	
O F	orm R (Mining)	O Form Q (Cor	nmercial or Ind	ustrial)	
\circ s ₁	pring Description Sheet				
Amount o feet (AF)	of water from each source in	gallons per minute	e (GPM), cubic	feet per secon	nd (CFS), or acre
Period of Water ma	`use anagement section (Please es	timate if the water	· system has no	t been designe	ed).

Resource Protection Section (Page 6, Section	n 5).			
Project schedule (If system is already complete	eted, indicate "existing").			
For reservoir applications storing more than preliminary plans and specifications for dam	9.2 aere feet, and a dam height of more than 10 feet, and impoundment are required.			
O If the above is statement is ehecked, the	map must be prepared by a CWRE.			
All applicants (or the authorized agent with t sign the application in ink. Signature must be	itle or authority if for an organization or corporation), must be an original "wet" signature.			
other government survey description. A copy can provide this information, or you may sub Department will not accept a copy of the tax A completed Land-Use Form or receipt signed	property involved that includes a metes and bounds, or y of the deed, land sales contract or title insurance policy omit a lot book report prepared by a title company. The bill. Ed and dated by the appropriate planning department are past 12 months. Signature must be an original "wet"			
The map must meet all the minimum requires	ments 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 Reference corner on map	O Other CWRE G. D. KAISER # 073			
O Each point of diversion coordinate				
Fees: Amount of water requested 2.7	AF			
Base Fee \$	Additional Use @=			
1st CFS/AF	Total Exam Fees \$ 295			
Addtn'l CFS/ AF @ = Addtn' POD @ =	Total Exam Fees \$ 295 Total Paid \$ 595 Amount Due \$ Azc See 5 Miles			
Reviewed by: 4/m	Date: 7-9-08			

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 93222 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0900 / (503) 986-0900 / (503)

INVOICE # _____

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