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

This is the checklist used by WRD staff

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Application G 17479	Township	18 5		
Priority Date July 9 2	Range	12 €		
Use(s) IRRIG-	Section	5		
Use(s) 1RRIG- 0.290 130 Rate CF3 GPM	PO <b>p</b> Loc	MAN	5~1	
County DESC	POU Loc	MW		
W.M	_ Caseworker _	Kenry	K	
Applicant/Organization Name, Mail	ling Address and T	Celephone Number.		
agreement for stored water must be include be filled at the same time as a Reservoit the PROPOSED Reservoir application.  The proposed source is or is not on it is, return application and fees.	r or Alt Reservoir (E2).	if it will befor the u	ise of the stor	ed water und
Property ownership indicated.				
<ul> <li>If applicant does not own al mailing address must be lis</li> </ul>	·	cted landowner's na	ame and	
O If applicant does not own al written authorization or an canal or other work must be	easement permitting	_		
Groundwater development section (l	Page 3 and 4, Sect	ion B) or a well log	report.	
Proposed use of water. If supplement	ntal, list primary w	ater right acreage if	applicable.	
Enclosed Supplemental Form for ea	ch proposed use.			
Form I (Irrigation)	O Form M (M	Iunicipal or Quasi-N	Municipal)	
O Form R (Mining)	O Form Q (Co	ommercial or Indus	trial)	
O Spring Description Sheet				
Amount of water from each source if feet (AF)	n gallons per minu	ute (GPM), cubic fe	et per second	(CFS), or acr

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

Resource Protection Section (Page 6, Section 5).
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 ehecked, the map must be prepared by a CWRE.
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.
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.  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.
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 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
Number of acres per 1/4, 1/4, if Other T.A. WAZIKER irrigation, nursery, or agriculture 8Aeres ———————————————————————————————————
Each point of diversion coordinate  U.290 130  Vot Chauffel  Connectict
Base Fee \$SCO Additional Use @=
1st CFS/AF 200 Total Exam Fees \$ 700
Addtn't CFS/AF@_ = Total Paid \$ 820 Amount Due \$ PARTAL PAID REC FEE 1/20  REMAINING DUE \$ 180
Reviewed by: H/M Date: JULY 9 2008

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 93216

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # \_\_\_\_

<u> </u>		(503) 986-0900	/ (503) 986-0904 (fax	)					
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