Limited License "Completeness" Checklist Minimum Requirements (OAR 690-340-030) (ORS 537.143)

Rece	LL- eived Date: <u>7.23.2008</u>	1160 1 Z Township: 125 125						
ľ	lic Notice Date: 7.29.2008	Range: 435 435						
1	est Issue Date: 8.13.2609	Section:						
	rce: 2 WELLS	POD LOC: NIN 1/4 MAN 1/4 DOTH WES						
1	ount: 0.86 efc							
ł	ation: ISSUANCE -> THOUSE CORRESTS	Watermaster: Rick Luck #9						
Cou	nty: Baker	ODFW:						
Basi	n:	DEQ:						
O	Applicant/Organization Name, Mailing As Signature in ink. Original "wet" signature re Source listed?	ddress ,Telephone Number, and Contact Person. quired.						
V		or sufficient information for the Department to en interval, etc. included ? Was the intended aquifer ocation shall be clearly tied to a well log.						
Ø	Proposed Use of the wateris each proposed use identified?							
NA PA	If source is stored water Is there a con	tract for delivery of stored water. Must have a copy						
da	If use is supplementalis the primary wat	er right listed?						
g (Amount of water from each source listed i	n GPM, CFS or AF?						
da	Acreage being proposed, if applicable.							
1		stad by applicant						
Ø	Duration of Limited License being reques							
Q .	Project schedule Date when water use v	will start and date when water use will be completed —						
Ø	Is the application signed in ink by the applicant(s) or by the authorized agent with title or authority if an organization or corporation?							
Sures	Water Master Report Is the local Water	Masters report on water availability included?						
ST.	Land Use Form Is the Land Use Form of	ompleted by local planning officials included? s. Signature must be an original "wet" signature.						

O			o meet re e submit		s of OAR 6	90-340	-030?	If map is larger than 11 x 17, four
√ Fe	es enclo	Base I	Referer Scale o 2" = 1 n Other to as road may be points in	ppographically streams, nelpful in lother field. Watenage the first		uch tc, whic iversion		Location of each diversion point, well or dam Each POD coordinate by reference to a recognized public land survey corner
FEE PA	ID OWED		-	165 °C				
•	leteness os\wr\WRIG			lication related	\limited-license	- e-checklis	t.wpd	Date: 11/23/2007 jks

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 93431

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

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•		(503) 986	5-0900 / (503) 986-0904 (fa)	K)			
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