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

Application C-872PS	Township	265									
Priority Date 8.29.2008	Range	3W									
Use(s) 4 Down TC	Section	10									
Rate	POD Loc	NG SE									
County Oacolas	POU Loc										
W.M(5	Caseworker	·									
Applicant/Organization Name, Mailing Address and Telephone Number.											
•	ed. (ORS 537.40) r Alt Reservoir if	apponent filed out, including a non-expired O) NOTE: A surface water application cannot it will be for the use of the stored water under									
The proposed source is or is not (circle it is, return application and fees.	le one) withdrawr	from further appropriation, or Division 538. If									
Property ownership indicated.											
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.											
Groundwater development section (Pag	ge 3 and 4, Sectio	n B) or a well log report.									
Proposed use of water. If supplemental	l, list primary wat	er right acreage if applicable.									
Enclosed Supplemental Form for each	proposed use.										
O Form I (Irrigation)	O Form M (Mu	nicipal or Quasi-Municipal)									
O Form R (Mining)	O Form Q (Cor	mmercial or Industrial)									
O Spring Description Sheet											
Amount of water from each source in feet (AF)	gallons per minut	e (GPM), cubic feet per second (CFS), or acre									
O Period of use O Water management section (Please es	timate if the water	r system has not been designed).									

Project schedule (If system is already comple	eted, indicate "existing").
For reservoir applications storing more than preliminary plans and specifications for dam	9.2 acre 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	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 he past 12 months. Signature must be an original "wet"
The map must meet all the minimum requires	ments 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	O 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	O North Directional Symbol
Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other
Reference corner on map	
Each point of diversion coordinate	
O Fees: Amount of water requested O2C	\$ 0.02 fs.
Base Fee \$	-Additional Use @=
1st CFS/AF 200	Total Exam Fees \$
Addtn'l CFS/ AF @ =	Total Paid \$ (OCC) (INC. (UDCS RECORDING Amount Due \$
Reviewed by:	Date: 8.24.2008
Cross //Contains Cross / Amm shoots	ist standard1 dos

Resource Protection Section (Page 6, Section 5).

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 93937

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

INVOICE # ______

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