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

Application G 17120	Township	22	2	_
Priority Date 107 7 2008 SURP 125.6	Range	72	E	-
Use(s) IRRIG ACRES	Section		<u></u>	
Rate 1.5 CF5			5w	_
County HARNET	POU Loc	5~	<u> </u>	_
W.M <i>[O</i>	Caseworker	JOEZ	<u></u>	-
Applicant/Organization Name, Mailing	g Address and Te	elephone Numbe	er.	
Source of water. If stored water, is the agreement for stored water must be included be filled at the same time as a Reservoir of the PROPOSED Reservoir application (E)	ed. (ORS 537.40 r Alt Reservoir ij 2).	0) NOTE: A sufit will be for th	urface water e use of the s	application cannot stored water under
The proposed source is or is not circle it is, return application and fees.	e one) withdraw	from further a	ppropriation.	, or Division 538. If
Property ownership indicated.	STATE	5 (E	5 !	
O If applicant does not own all the mailing address must be listed	•	ted landowner's	name and	
O If applicant does not own all the written authorization or an eacanal or other work must be s	sement permittin	•		
Groundwater development section (Page	ge 3 and 4, Section	on B) or a well l	og report.	
Proposed use of water. If supplementa	l, list primary wa	ter right acreage	if applicabl	e.
Enclosed Supplemental Form for each	proposed use.			
Form I (Irrigation)	O Form M (Mu	ınicipal or Quas	i-Municipal))
O Form R (Mining)	O Form Q (Co	mmercial or Ind	ustrial)	
O Spring Description Sheet Amount of water from each source in feet (AF)	gallons per minu	te (GPM), cubic	feet per seco	ond (CFS), or acre
Period of use Water management section (Please est	timate if the wate	r system has no	t been design	ned).

X	Resource Protection Section (Page 6, Section 5).	
A	Project schedule (If system is already completed	, indicate "existing").
0	For reservoir applications storing more than 9.2 preliminary plans and specifications for dam and	
	O If the above is statement is checked, the map	must be prepared by a CWRE.
Ø	All applicants (or the authorized agent with title of sign the application in ink. Signature must be an	or authority if for an organization or corporation), must a original "wet" signature.
9	other government survey description. A copy of	erty involved that includes a metes and bounds, or the deed, land sales contract or title insurance policy a lot book report prepared by a title company. The
وا	A completed Land-Use Form or receipt signed ar officials. Date of signature must be within the posignature.	nd dated by the appropriate planning department ast 12 months. Signature must be an original "wet"
0	The map must meet all the minimum requirement	ts of OAR 690-310-0050.
		Location of main canals, ditches, pipelines or umes (if POA/POD is outside of POU)
		Even map scale not less than 4" = 1 mile GGG 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	North Directional Symbol
	Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	14x cot 2500
:	Reference corner on map	
•	Each point of diversion coordinate	
P	Pees: Amount of water requested1.5	CFS
	Base Fee \$ 500	Additional Use @=
	1st CFS/AF 200	Total Exam Fees \$ 800
* * * * * * * * * * * * * * * * * * *	Addtn'l CFS/ AF @ 100 = 100 Addtn' POD @ =	Total Paid \$ 800 / Amount Due \$ REC FEE DUE
	Reviewed by:	Date: OCT 8 Zans
*		1 11 1

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 94476

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

INVOICE #	

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0203	GROUND WATER	t	\$ 800,00	0204	\$
0205	TRANSFER		\$		
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0218	WELL DRILL CON	ISTRUCTOR	\$	0219	\$
	LANDOWNER'S F	PERMIT		0220	\$
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