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	<u>G</u>	17124	Township	39	2	_			
Priority Date	10-	17-2018 80	Range	19	E				
Use(s) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		EO ALRET		15	-				
Rate	CLIE	- CF5	PO P Loc	NE	NE	_			
County	LA	KE	POU Loc	SEE	MAS	_			
W.M			Caseworker _	Joez	P				
Applicant/Organization Name, Mailing Address and Telephone Number. Source of water. If stored water, is the stored water component filed out, including a non-expired agreement for stored water must be included. (ORS 537.400) NOTE: A surface water application cannot be filled at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under the PROPOSED Reservoir application (E2). The proposed source is or is not circle one) withdrawn from further appropriation, or Division 538. If it is, return application and fees. 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									
		her work must be sopment section (Pa		ion R) or a well	log report				
11		ter. If supplementa				e.			
1		ntal Form for each		2	• • •				
1	m I (Irri			Iunicipal or Qua	si-Municipal))			
O For	m R (M	ining)	O Form Q (C	ommercial or Inc	dustrial)				
O Spr	ing Des	cription Sheet				1			
Amount of feet (AF)	water fro	om each source in	gallons per min	ute (GPM), cubi	c feet per seco	ond (CFS), or acre			
Period of u	ise								

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

Resource Protection Section (Page 0, Section	<i>5)</i> .							
Project schedule (If system is already complet	ed, indicate "existing").							
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 cheeked, the m	nap must be prepared by a CWRE.							
All applicants (or the authorized agent with tit sign the application in ink. Signature must be	le or authority if for an organization or corporation), must an original "wet" signature.							
other government survey description. A copy	of the deed, land sales contract or title insurance policy mit a lot book report prepared by a title company. The bill.							
	and dated by the appropriate planning department epast 12 months. Signature must be an original "wet"							
The map must meet all the minimum requirem	ents 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.) (320							
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	Dernis GLERIDER							
Reference corner on map								
Each point of diversion coordinate								
Fees: Amount of water requested	CES							
Base Fee \$ 500	Additional Use @							
1st CFS/AF Zet a	Total Exam Fees \$ 700							
	Total Paid \$ 1000 Amount Due \$ 120 TEES DAID							
Reviewed by: \tag{\tag{7}}	Date: 10-22-2008							

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 94596

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

INVOICE # ____

BY:	FROM: BURT + REBA SWI	APPLICATION PERMIT TRANSFER	617124						
CASH:	CHECK:# OTHER: (IDENTIF	Y)	TOTAL REC'D	\$1000.00					
108	3 TREASURY 4170 WRI	MISC CASH	LACCT						
0407	COPIES			\$					
	OTHER: (IDENTIFY)			\$					
0243 1/	/S Lease 0244 Muni Water Mgm	t. Plan	0245 Cons. Water						
	4270 Wal	OPERATING	G ACCT	1 2 2					
	MISCELLANEOUS	4611	1						
0407	COPY & TAPE FEES								
0410	RESEARCH FEES								
0408	MISC REVENUE: (IDENTIFY)								
TC162	DEPOSIT LIAB. (IDENTIFY)	· · · · · · · · · · · · · · · · · · ·							
0240	EXTENSION OF TIME			\$					
	WATER RIGHTS:	EXAM FI	E	RECORD FEE					
0201	SURFACE WATER	\$	0202	\$					
0203	GROUND WATER	6 -	0204	\$ 300,00					
0205	TRANSFER	\$ 700.	40						
	WELL CONSTRUCTION	EXAM FE	E	LICENSE FEE					
0218	WELL DRILL CONSTRUCTOR	\$	0219	\$					
	LANDOWNER'S PERMIT		0220	\$					
	OTHER (IDENTIFY)								
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0211	WELL CONST START FEE	\$	CARD#						
0210	MONITORING WELLS	•							
	OTHER (IDENTIFY)								
	,								
060	7 TREASURY 0467 HYD	RO ACTIVITY	LIC NUMBER	· ,					
0233	POWER LICENSE FEE (FW/WRD)			\$					
0231	HYDRO LICENSE FEE (FW/WRD)			\$					
	HYDRO APPLICATION			\$					
7.	TREASURY	ER/RDX	And the first of the second	~					
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OBJ. C	CODE VENDOR #								
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