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

Application G 17128	Township	45	
Priority Date 19-20-2008	Range	5 W	
Use(s) rrac Aeres	Section	13 &	14
Rate 0.0274 05	POP Loc		14 NE NE
County TAMH	POU Loc 13	KIWNW \$	14 NE NE
W.M	Caseworker	LIWNW \$ Kerrer	<u> </u>
Applicant/Organization Name, Mailin	g Address and T	elephone Number.	
Source of water. If stored water, is the agreement for stored water must be include be filled at the same time as a Reservoir of the PROPOSED Reservoir application (Editor).	led. (ORS 537.4) or Alt Reservoir i (2).	00) <b>NOTE:</b> A surfa f it will be for the us	ce water application cannot se of the stored water under
The proposed source is or is not circ. it is, return application and fees.  Property ownership indicated.		4	opriation, or Division 538. I
O If applicant does not own all to mailing address must be listed	•	ted landowner's nar	me and
O If applicant does not own all to written authorization or an eacanal or other work must be s	sement permittir		
Groundwater development section (Page	ge 3 and 4, Secti	on B) of a well log r	report. (E.S.)
Proposed use of water. If supplementa	l, list primary wa	ter right acreage if a	applicable.
Enclosed Supplemental Form for each	proposed use.		
Form I (Irrigation)	O Form M (M	unicipal or Quasi-M	(unicipal)
O Form R (Mining)	O Form Q (Co	mmercial or Industr	rial)
O Spring Description Sheet			
Amount of water from each source in feet (AF)	gallons per minu	te (GPM), cubic fee	et per second (CFS), or acre
Period of use  Water management section (Please es	timate if the wat	er system has not be	en designed).

Resource Protection Section (Page 6, Section 5).					
Project schedule (If system is already completed, 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 checked, 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  North Directional Symbol					
Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture  Other  R. Verr Booker					
Reference corner on map					
Each point of diversion coordinate  (1.027 12.3  Prees: Amount of water requested Grand  Fig. 600	#				
Base Fee \$ Additional Use @					
1st CFS/AF 200 Total Exam Fees \$ 700	_				
Addtn'l CFS/AF@ Total Paid \$ Zea Paid \$ Amount Due \$ Rec Fee Due \$ 100	۷				
Reviewed by: 27m Date: 10-24-2008					

## STATE OF OREGON WATER RESOURCES DEPARTMENT

RECEIPT # 94635

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

INVOICE #	

REC SY:	EIVED FROM	n: Wade *1	V ÷Pats	y+. 1	Miller	PERMIT	617128
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	0407	COPIES					\$
		OTHER:	(IDENTIFY)				\$
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	0410	RESEARCH FE	ES	•			\$
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## STATE OF OREGON WATER RESOURCES DEPARTMENT

725 Summer St. N.E. Ste. A

INVOICE #

(503) 986-0900 / (503) 986-0904 (fax)							
RECEIVED FROI	m: Wade l	V. + Patsy	A. Miller	APPLICATION PERMIT	6-17128		
CASH: CI	HECK:#	OTHER: (IDENTIF	Υ)	TRANSPER			
	X 3066			TOTAL REC'D	\$ 100.00		
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0231	HYDRO LICENSE	FEE (FW/WRD)			\$		
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RECEIPT: **94725** 

DATED: 1027 08 BY: SELP

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