Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff COUNTER THE OVER Application 87356 Township Priority Date 11-28. Zaas Range Section Use(s) IRRIG POD Loc 2 SEE MA Rate CM YAMH POULOG 3 1/4 1/4(5) SEE W.M. DIST # 16 Caseworker JEANA 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 The proposed source is or(is not)circle one) withdrawn from further appropriation, or Division 538.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. 574787 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. O Groundwater development section (Page 3 and 4, Section B) or a well log report. Proposed use of water. If supplemental, list primary water right acreage if applicable. Enclosed Supplemental Form for each proposed use. Form I (Irrigation) O Form M (Municipal or Quasi-Municipal) O Form Q (Commercial or Industrial) O Spring Description Sheet Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF) Period of use

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

Resource Protection Section (Page 6, Section 5).
Project schedule (If system is already completed, indicate "existing").
O For reservoir applications storing more than 9.2 aere 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 3 4/4(s) Other Finds (Res of MAC @ FRONT CORN.)
Reference corner on map
Each point of diversion coordinate MANTENANCE 50 Gran
Fees: Amount of water requested From WATER — 12 A F
Base Fee \$ 500 Additional Use @ 20 = 240 700
1st CFS/AF 200 Total Exam Fees \$ 1140
Addtn+1 CFS/ AF @ Total Paid \$ 1140 Addtn+1 CFS/ AF @ Amount Due \$
Reviewed by: $\sqrt{7}$ Date: $11-28-208$

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 95047

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

INVOICE # _____

	(503) 986-0900 /	(000) 000 000 1 (10x	<u>′ </u>	
EIVED FRO	M: Glenn Howard		APPLICATION	87356
	Susane Filkenstee	v Howard	PERMIT	
H: CI	HECK:# OTHER: (IDENTIFY	n ·	TRANSFER	
]	X 6992 □	<u>, </u>	TOTAL REC'D	\$ 1140.00
1083	TREASURY 4170 WRD	MISC CASH A	ect.	
0407	COPIES			\$
	OTHER: (IDENTIFY)			\$
0243 I/S Le	ease 0244 Muni Water Mgmt.	Plan 024	I5 Cons. Water	
	4270 WRD	OPERATING A	ICCT	
0.407	MISCELLANEOUS	16111	monadati Seanor	\$
0407 0410	COPY & TAPE FEES RESEARCH FEES	2016		\$
0408	MISC REVENUE: (IDENTIFY)	RECEIVE	D	\$
TC162	DEPOSIT LIAB. (IDENTIFY)			\$
0240	EXTENSION OF TIME			\$
	WATER RIGHTS:	EXAM FEE	And the second s	RECORD FEE
0201	SURFACE WATER	\$ 440.0		\$
0203	GROUND WATER	\$	0204	\$
0205	TRANSFER	\$		
	WELL CONSTRUCTION	EXAM FEE		LICENSE FEE
0218	WELL DRILL CONSTRUCTOR	\$	0219	\$
	LANDOWNER'S PERMIT		0220	\$
	OTHER (IDENTIFY)			
0536	TREASURY 0437 WEL	L CONSTASTA	TELE	
0211	WELL CONST START FEE	\$	CARD	•
0210	MONITORING WELLS	\$	CARD	•
	OTHER (IDENTIFY)			
0607	TREASURY 0467 HYDI	RO ACTIVITY	LIC NUMBER	
0233	POWER LICENSE FEE (FW/WRD)	_		\$
0231	HYDRO LICENSE FEE (FW/WRD)	L] [\$
	HYDRO APPLICATION			\$
	TREASURY OTH	ER/ROX		an Arrana and Area
	TITLE			
FUND	E VENDOR #			
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