Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff REQUEST/FOLLOW-UP Application 87342 Township Date 11-19-2008 Range 4W

IRRIG 98.86 & RESRUR

SUPP AGRES & MANTINGSection 23 Priority Date AF POD Loc See County POLK POULoc SEE CH W.M. DIST # Caseworker Kenzy K 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 The proposed source is or is not circle one) withdrawn from further appropriation, or Division 538.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. 18 Property ownership indicated. 574785 (85) O If applicant does not own all the land, the affected landowner's name and mailing address must be listed. Z LISTINGS 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) FORM O Form M (Municipal or Quasi-Municipal)

I(s) O Form R (Mining) 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)

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

Period of use

Ø	Project schedule (If system is already comple	ted, indicate "existing").	
0	For reservoir applications storing more than 9 preliminary plans and specifications for dam-		than 10 feet,
٠.	O If the above is statement is cheeked, the	map must be prepared by a CWRE.	
6	All applicants (or the authorized agent with the sign the application in ink. Signature must be		corporation), must
0	You must include a Legal description of the p other government survey description. A copy can provide this information, or you may subsequent will not accept a copy of the tax	of the deed, land sales contract or title mit a lot book report prepared by a title	insurance policy company. The
Ь	A completed Land-Use Form or receipt signed officials. Date of signature must be within the signature.	e past 12 months. Signature must be an	
0	The map must meet all the minimum requirem	nents of OAR 690-310-0050.	
	Township, Range, Section	Location of main canals, ditches, p flumes (if POA/POD is outside of PO	
,	Place of use, 1/4, 1/4's and tax lot clearly identified	O Even map scale not less than $4'' =$ (example: $1'' = 100$ ft, $1'' = 200$ ft, etc.	
	r	North Directional Symbol 11-20 PHONED JOE RICHARDS - FOR # ZOOG	
/	Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other Curre Jose 503 841 50	<u>R</u>
	Reference corner on map	CERL971 567 144	13 FAX
	O Each point of diversion coordinate	37.	83
9	O Each point of diversion coordinate Fees: Amount of water requested 9pm Base Fee \$ 500 1st CFS/AF 200	0.245 1 45.83 CFS 9 AF	5.83 AT 46 AF
	Base Fee \$ 500	Additional $\mathbf{W} \approx @ 200 = 1800$	+ Surr(1) @200 = 20
	1st CFS/AF Zao	Total Exam Fees \$	1100
	20 Addtn'l CFS AF $@20 = 400$	Total Paid \$ 3 1 0 8	•
	Addtn' POD @ = + 26 More AF @ #1 = 26	Amount Due & REC FEE DUE SUBMITTED CHECK + # 1108.	$\frac{+26}{$1126}$
	Reviewed by:	Date: 11-19-2008	# 3126 ExAV
gro	oups/wr/Customer Service Group/App-checklis	st-standard1.doc	05-09-2008 jks

Resource Protection Section (Page 6, Section 5).

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 94970

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

INVOICE # _____

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0410	RESEARCH FEE	ES					\$	
0408	MISC REVENUE	: (IDENTIFY	7)				\$	
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0240	EXTENSION OF	TIME					\$	
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STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 95128

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

INVOICE #_

(503) 986-0900 / (503) 986-0904 (fax) CFRI-HWKD Middle Zona APPLICATION RECEIVED FROM: PERMIT BY: TRANSFER CHECK:# CASH: OTHER: (IDENTIFY) TOTAL REC'D \$ 2000,00 X 1039 **TREASURY** 4170 WRD MISC CASH ACCT 1083 \$ 0407 COPIES \$ OTHER: (IDENTIFY) 0243 I/S Lease_ 0244 Muni Water Mgmt. Plan____ 0245 Cons. Water 4270 WRD OPERATING ACCT **MISCELLANEOUS** 46111 **COPY & TAPE FEES** 0407 \$ 0410 RESEARCH FEES \$ MISC REVENUE: (IDENTIFY) 0408 \$ DEPOSIT LIAB. (IDENTIFY) TC162 \$ EXTENSION OF TIME 0240 RECORD FEE WATER RIGHTS: **EXAM FEE** 0201 SURFACE WATER 0202 D000.00 \$ **GROUND WATER** 0203 0204 0205 TRANSFER LICENSE FEE **EXAM FEE** WELL CONSTRUCTION 0219 \$ 0218 WELL DRILL CONSTRUCTOR \$ 0220 LANDOWNER'S PERMIT OTHER (IDENTIFY) 0437 WELL CONST. START FEE TREASURY 0536 0211 WELL CONST START FEE \$ CARD# 0210 MONITORING WELLS \$ CARD# OTHER (IDENTIFY) 0467 HYDRO ACTIVITY LIC NUMBER 0607 TREASURY \$ POWER LICENSE FEE (FW/WRD) 0233 \$ 0231 HYDRO LICENSE FEE (FW/WRD) \$ HYDRO APPLICATION **TREASURY** OTHER / RDX FUND TITLE OBJ. CODE VENDOR # DESCRIPTION DATED: 12 RECEIPT:

⊘ BY:

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal