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

Application G-171	G S Township	SEE	MS
Priority Date 1-20-	Zaa9 Range	SEE	MAC
Use(s) SPACE HO		SEE	MAC
Rate CFS	G-PM POM Loc_	SEE	MAS
County LAK	POU Loc	SEE	MAP
W.M. DIST # 1	2 Caseworker	JEANA	$\epsilon$
Applicant/Organization 1	Name, Mailing Address and Te	lephone Number.	
agreement for stored water not be filled at the same time as the PROPOSED Reservoir a	• •	0) <b>NOTE:</b> A surfa it will be for the us	ce water application cannot se of the stored water under
it is, return application a		,	opriation, or Division 538. I
Property ownership indic	cated. SAYS No.		
If applicant does mailing address	not own all the land, the affect must be listed.	ted landowner's nar	me and
written authoriz	not own all the land, a stateme ation or an easement permitting ork must be submitted.		
Groundwater developmen	nt section (Page 3 and 4, Section	on B) or a well log i	report.
Proposed use of water. If	supplemental, list primary was	ter right acreage if	applicable.
Enclosed Supplemental I	Form for each proposed use.		
O Form I (Irrigation	n) P Form M (Mu	ınicipal or Quasi-M	Iunicipal)
O Form R (Mining	Form Q (Co	mmercial or Industr	rial)
O Spring Descripti	on Sheet	<b>51</b>	
Amount of water from ed feet (AF)	ach source in gallons per minut	e (GPM), cubic fee	et per second (CFS), or acre
Period of use Water management sect	ion (Please estimate if the wate	r system has not be	en 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 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), r sign the application in ink. Signature must be an original "wet" signature.	mus
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 policies 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.	су
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 O Other Cwre # (105) Irrigation, nursery, or agriculture  O Other Cwre # (105)  DARRYL ANDER SO	<b>~</b> /
Reference corner on map	
Each point of diversion coordinate    1.114   5219   + 1009	<u> </u>
Fees: Amount of water requested CF5 GPM 800	
Base Fee \$ $570$ / $O_{Additional Use @200} = 200$	
1st CFS/AF 200 Total Exam Fees \$ 1600	
$\frac{1}{A} Addtn'l(CFS) AF @ 100 = 100 Total Paid $ 2 CKS - 1000$	
Reviewed by: HTM Date: 1-21-2009	

#### STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 95544

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

INVOICE # \_\_\_

CE	IVED FRO	om: Town	st Lake	-V/ew	APPLICATION PERMIT	9-1716
SH	: C	CHECK:#	OTHER: (IDENT	TIFY)	TRANSFER	
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_		_ OTHER:	(IDENTIFY)			\$
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			4270 WI	RD OPERATING	G ACCT	
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(	)410	RESEARCH FE	ES			\$
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	DESCRIP	TION	_			\$

### STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 95395

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 503) 985-0900 / /503) 986-0904 (fr

INVOICE # \_

	1		(503) 98	6-0900 / (50	3) 986-0904 (fax	c)			
ECEIVED FROM:		M: TOWN	Town of Lakeview		APPL	CATION	6-1711	45	
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						TRA	NSFER		
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