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

Application G17217 County CROOK Priority Date 5-13-2009								
Township See MAN Range MAR Section See MAN Section								
Amount 2 F5 Use IRRIG PERES Watermaster Dist.#								
Caseworker Assigned								
□ Brook Geffen □ Jeana Eastman □ Joel Plahn Kerry Kavanagh □ Michele McAleer								
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 filed 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The proposed source is on is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.								
Property ownership indicated. 574783 (E.S.								
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 signed 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.								
Groundwater development section (Page 3 and 4, Section B) or a well log report.								
Proposed use of water. If supplemental, list primary acreage.								
Enclosed Supplemental Form for each proposed use.								
Form I (Irrigation) O Form M (Municipal or Quasi-Municipal)								
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)								
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").								

0	For Standard reservoir applications proposing to store 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. In addition, the map must be prepared by a CWRE.
	All applicants or the applicant's authorized agent (include title or authority if for an organization or corporation), must sign the application in ink. Signature must be an original "wet" signature. Copies cannot be accepted.
,	You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description 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.
(d)	A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.
A	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 Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture Each point of diversion coordinate Other Reference Corner on Coordinate
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ď.	Fees: Amount of water requested 2 5
	Base Fee \$ 500 Additional Use @
	1st CFS/AF 209 Total Exam Fees \$ 800
	/ Addtn CFS Ax @ 100 = 100 Total Paid \$ 800 Addtn' POD @ = Amount Due \$ REZ FEE DUE
	Reviewed by:

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 96420

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

INVOICE # _____

(503) 986-0900 / (503) 986-0904 (fax)										
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