Standard Application Completeness Checklist
Minimum Requirements (OAR 690-310-0040)(ORS 537.400)  This is the checklist used by WRD staff  D. FRENCH
Application S-87540 County LANE Priority Date 10-15-2009
Township 17 S Range 1 & 2 E Section See right
Amount 276.60 AFUse IRRIG. Watermaster Dist. # 2
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). Stored was In Applied for the Use of the stored water under
The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
— O If applicant does not own all the land, the affected landowner's name and mailing address must be listed
If applicant does not game 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.
O 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)
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)
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.
4	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.
\$\bar{\partial}{2}	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.
0	The map must meet all the minimum requirements of OAR 690-310-0050.
	O Township, Range, Section O Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) O Place of use, 1/4, 1/4's and tax lot clearly identified O Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) O Location of each diversion point, well or dam by reference to a recognized public land survey corner O Reference corner on map O North Directional Symbol O Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture O Each point of diversion coordinate O Other
10	Fees: Amount of water requested 236.60 AT
	Base Fee \$ 400 Additional Use @
	ISTOPS/AF @ 25 = 500 Total Exam Fees \$ 1117
	2 17 Addtn'l CFS AF @ 4 = 217 Total Paid \$ 15 17  Addtn' POD @ = Amount Due \$ Azc Feet Mails
	Reviewed by: 4 fm Date: 10-19-2009

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 98247

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

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