Standard Application Completeness Checklist
Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff The company T
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Application 87542 County Douc Priority Date 19.20-2009
Township 29 S Range 6 W Section //
Amount 24cre Use Nove expanded Watermaster Dist. # 15
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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. 5 74785 (5 5
If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
A 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.
O Groundwater development section (Page 2 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.
O 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 1 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. LAND-USG GRON LSC 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.
	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 Other
	Fees: Amount of water requested 2ACTE FEET Base Fee \$ 400 Additional Use @ IntOPS/AF 655 = 50 Total Exam Fees \$ 450
2	Let OPS/AF 6 25 = 50

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 98289

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

INVOICE # ____

	(503) 986-0900 / (503) 986-0904 (ta	<i>,</i>	
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	Provide American Amer	PERMIT	
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1083 T	REASURY 4170 WRD MISC CASH	ACCT	
0407	COPIES		\$
	OTHER: (IDENTIFY)		\$
0243 I/S Leas	se 0244 Muni Water Mgmt. Plan 02	245 Cons. Water	
	4270 WRD OPERATING		
	MISCELLANEOUS COPY & TAPE FEES		
0407	COPY & TAPE FEES		\$
	RESEARCH FEES		\$
	MISC REVENUE: (IDENTIFY)		\$
	DEPOSIT LIAB. (IDENTIFY)		\$
0240	EXTENSION OF TIME		
	WATER RIGHTS: EXAM FEE		RECORD FEI
0201	SURFACE WATER \$450	0202	\$
0203	GROUND WATER \$	0204	\$
0205	TRANSFER \$		
	WELL CONSTRUCTION EXAM FEE		LICENSE FE
0218	WELL DRILL CONSTRUCTOR \$	0219	\$
	LANDOWNER'S PERMIT	0220	\$
	OTHER (IDENTIFY)		
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