Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff PRE AMIC BROOK Priority Date 11-23-2009 Application R 87555 Section_ Purpose Township TUTAL Watermaster Dist. # 2 Amount Caseworker Assigned Brook Geffen .

□ Jeana Eastman □ Joel Plahn □ Michele McAleer □ Kerry Kavanagh 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 The proposed source is of is not circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. If applicant does not own all the land, the affected landowner's name and mailing address must be listed. 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 3 and 4, Section B) or a well-log rep Proposed use of water. If supplemental, list primary acreage. O Enclosed Supplemental Form for each proposed use. MR 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").

Standard Application Completeness Checklist

O 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.
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 Don Karae
F 12 0 0
10 Fees: Amount of water requested 174.30 AF 24 ToTAL +2455 SITE(5). 3655
Base Fee \$ 700 Additional Use @ Zo 1st CRS/AF @ 25 = \$500 Total Exam Fees \$ 3655
20 1st CRS/AF @25 = 4500 Total Exam Fees \$ 3655
155 Addtn'l OKS/AF@ 1 = 155 Total Paid \$ 3653 - z 3 Addtn' ROD @ 100 = 2300 - Amount Due \$ Reserve(5)
Reviewed by: 7/11 Date: 11-23-2009
Groups\wr\Customer Service Group\templates\standard app checklist 3-6-2009 jks

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT# 98618

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

INVOICE # _

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