Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400)

This is the checklist used by WRD staff

Application 87557						4 200	<u> </u>
Township 245	_Range	11 ~	s	Section	25		-
Amount Cl.005 CFTUse_	DOME	FTIC	Water	master Dis	st. # / 9	7	
Caseworker Assigned □ Brook Geffen Jeana Eastma	ın □ Joe	el Plahn	□ Kerry K	Cavanagh	□ Miche	ele McAleer	r
Applicant/Organization Name, N	Iailing Addre	ss, and Tele	phone Nun	ıber.			
Source of water. If stored water, agreement for stored water must be it be filed at the same time as a Reserve the PROPOSED Reservoir application. The proposed source is oxis not ORS 538, then return application negative IR will be issued.	included. (OR voir or Alt Resion (E2). (circle one) voir and fees. If	S 537.400) Servoir if it is withdrawn for it is withdrawn.	NOTE: A will be for the rom further awn by other	surface wanted by surface wanted was of the appropriation means, as	ter applicate stored wo	tion cannot uter under withdrawn	unđer
Property ownership indicated.	577	1785	(E-5				
O If applicant does not own	rall the land,	the affecte d	Llandowner	's name and	l mailing a	ddress must	be listed
authorization or an eases work must be submitted	ment permittir	-		-			
O Groundwater development section	n (Page 3 and	4, Section	B) or a well	log re port.			
Proposed use of water. If supplen	nental, list pri	mary acreag	ge.				
Enclosed Supplemental Form for	each propose	d use.					
O Form I (Irrigation)	O For	m M (Muni	cipal or Qua	asi-Municip	oal)		
O Form R (Mining)	O For	m Q (Comn	nercial or In	dustrial)			
O Spring Description Sheet	ī.						
Amount of water from each source	ce in gallons p	er minute (GPM), cubi	c feet per s	econd (CFS	S), or acre f	eet (AF)
Period of use							
Water management section (Plea	se estimate if	the water sy	ystem has n	ot been des	igned).		
Resource Protection Section (Page	ge 6, Section 5	5).					

Project schedule (If system is already completed, indicate "existing").

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	feet, preliminary plans and specifications for dam and impoundment are required. In addition, the map must be prepared by a CWRE.						
3	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.						
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\$	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.						
4	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.						
4	The map must meet all the minimum requirements of OAR 690-310-0050.						
N/A	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 map Reference corner on map 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						
9	Fees: Amount of water requested 0.005 Cr						
	Base Fee \$ 7 and Additional Use @ 4 o o						
	1st CFS/AF 250 Total Exam Fees \$ 950						
	Addtn'l CFS/ AF @ = Total Paid \$						
	Reviewed by: Date: Dec. 7 2009						
iro	ups\wr\Customer Service Group\templates\standard app checklist 3-6-2009 jks						

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 98701

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

INVOICE # _____

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