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

C CEMWOX CARE
Application S-87560 County LANE Priority Date DEC 10, 2009
Township 19 S Range 12 W Section 3 W/2 SE 14
Amount (1.005 CFS Use Domestre 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The proposed source is or is not circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. 5724785 10
O If applicant does not own all the land, the affected landowner's name and mailing address must be list
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 report.
Proposed use of water. If supplemental, list primary acreage.
O 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 (Al
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").

fe		sing to store more than 9.2 acre feet, and a for dam and impoundment are required. In	
	11 11	l agent (include title or authority if for an e must be an original "wet" signature. C	
` T	he Legal description includes a metes an eed, land sales contract or title insurance	I the properties involved where water is d d bounds, or other government survey despolicy can provide this information, or yo epartment will not accept a copy of the tax	scription. A copy of the ou may submit a lot book
P	lease be certain that the Land-Use form	ned and dated by the appropriate planning lists all lands involved and all uses propo sust be an original "wet" signature. Copi	osed. Date of signature must
Ti	ne map must meet all the minimum requi	rements of OAR 690-310-0050.	
	Place of use, $1/4$ , $1/4$ 's and tax lot clear Even map scale not less than $4'' = 1$ n	nile (example: 1" = 100 ft, 1" = 200 ft, etc l or dam by reference to a recognized pub	c.) 400 FEET lic land
5 Fe	es: Amount of water requested (\).	005 CFS	950
I	Base Fee \$ 700	Additional Use @	400
	st CFS/AF 250	Total Exam Fees \$ 950	1350
-	Addtn'l CFS/ AF @ Addtn' POD @ =	Total Paid \$ 1350  Amount Due \$ Acc Fees	-MD
I	Reviewed by:	Date: ) = 10 2	209

## **STATE OF OREGON**

## WATER RESOURCES DEPARTMENT

RECEIPT # 98757

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

INVOICE # \_\_\_\_\_

		(503) 986-0900 /	(503) 986-0904 (fax)		
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0205	TRANSFER		\$		
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