## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRDstaff RETAIR OF County Lum 47 Priority Date 2-26-2010 Range 29 E Section 31. CF5 Use IRRIG ACRES Watermaster Dist. # 5 Caseworker Assigned □ Joel Plahn Kerry Kavanagh □ Michele McAleer □ Brook Geffen □ Jeana Eastman 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 neder 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 The proposed source is of is not circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. O If applicant does not own all the land, the affected landowners name and mailing address must be listed. O If applicant does not own all the land, asigned 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. Groundwater development section (Page 3and 4, Section B) or a well log report. Proposed use of water. If supplemental, list primaryacreage. Enclosed Supplemental Form for each proposed use. Form I (Irrigation) O Form M (Municipal or Quasi-Municipal) O Form Q (Commercial or Industrial) O Form R (Mining) 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            |  | to store more than 9,2 acre feet, and a dam height of more than 10 am and impoundment are required in addition, the map must be  |
|--------------|--|--|
| 4            | All applicants or the applicant's authorized age   | ent (include title or authority if for an organization or corporation), ast be an original "wet" signature. Copies cannot be accepted.   |
| <del>S</del> | The Legal description includes a metes and bo  | properties involved where water is diverted, crossed, and used. unds, or other government survey description. A copy of the icy can provide this information, or you may submit a lot book tment will not accept a copy of the tax bill. |
|              | Please be certain that the Land-Use form lists   | and dated by the appropriate planning department officials.  all lands involved and all uses proposed Date of signature must be an original "wet" signature. Copies cannot be accepted.  |
| ¥            | The map must meet all the minimum requirem   | ents of OAR 699310-0050.   |
|              | Location of main canals, ditches pipelines Place of use, 1/4, 1/4's and tax lot clearly Even map scale not less than 4" = 1 mile ( Location of each diversion point, well or survey corner. Multiple wells shall be unique existing.  Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, iffor irrigat Other | (example: 1" = 100 ft, 1" = 200 ft, etc.) damby reference to a recognized public land ly labeled, and identified on well logs if   |
| b-           | Fees: Amount of water requested Gran   | 10.212<br>CF3  |
|              | Base Fee \$ 1000   | Additional Use @   |
|              | 1st CFS/AF 250   | Total Exam Fees \$ 1250  |
|              | Addtn'l CFS/ AF @=Addtn' POD @=  | Amount Returned \$   |
| /            | Reviewed by: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   | Date: 2-26-2010  |

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

99294

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE # \_\_\_\_\_

|                |                   | (503) 98  | 6-0 <del>9</del> 00 / (50 | 3) 986-0904 (fax | <b>()</b>  |                     |             |
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| 1083 Ti        | REASURY           | 4170      | WRD MI                    | SC CASH A        | CCT        |                     |             |
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| 0240 E         | EXTENSION OF TIM  | ΜE        |                           |                  |            |                     | \$          |
| v              | WATER RIGHTS:     |           |                           | EXAM FEE         |            |                     | RECORD FEE  |
| 0201           | SURFACE WATER     |           |                           | \$               | 020        | 2                   | \$          |
| 0203           | GROUND WATER      |           |                           | \$12509          | 020        | 14                  | \$40000     |
| 0205 T         | TRANSFER          |           |                           | \$               |            |                     |             |
| v              | WELL CONSTRUCT    | TION      |                           | EXAM FEE         |            |                     | LICENSE FEE |
|                | WELL DRILL CONS   |           | 2                         | \$               | 021        | 9                   | \$          |
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| 0536 TI        | REASURY           | 0437      | WELL C                    | ONST. STA        | RT FEE     |                     |             |
| 0211 V         | WELL CONST STAF   | RT FEE    |                           | \$               |            | CARD#               |             |
| 0210 M         | MONITORING WEL    | LS        |                           | \$               |            | CARD#               |             |
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| DESCRIPTION    | `                 |           |                           |                  |            | _                   |             |
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| DESCRIPTION    | 294               |           | ED:2-21                   | 6-10 BY:         | (          | A T                 |             |