Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRDstaff

A	pplication G17316 County UMAT Priority Date MAR 2 2010
To	ownship 4N Range 28E Section ONE
A_{1}	ownship 4 N Range 28 E Section ONE 25 / (1.9557 PRIM) 1.50 mount Grun CF5 Use INRIG ACRES Watermaster Dist. # 5
	aseworker Assigned Brook Geffen Jeana Eastman □ Joel Plahn □ Kerry Kavanagh □ Michele McAleer
\$	Applicant/Organization Name, Mailing Address, and Telephone Number.
ag be	Source of water. If stored water, is the stored water component filed out, including a non-expired greement for stored water must be included. (ORS 537.400) NOTE: A surface water application cannot a filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water under a 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+	The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. 574785 (ES.
(O If applicant does not own-all the land, the affected landowners name and mailing address must be listed
	O If applieant 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.
Å	Groundwater development section (Page 3 and 4, Section B) or a well log report.
4	Proposed use of water. If supplemental, list primaryacreage.
Þ	Enclosed Supplemental Form for each proposed use.
'	Form I (Irrigation) O Form M (Municipal or Quasi-Municipal)
	O Form R (Mining) O Form Q (Commercial or Industrial)
	O Spring Description Sheet
4	Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
4	Period of use
d	Water management section (Please estimate if the water system has not been designed
\$	Resource Protection Section (Page 6 Section 5).
Ĺ	Decipat ash advila (If aviatom is almosty, completed, indicate "aviatina")

All applicants or the applicant's authorized agent (include title or authority if for an organization or corporate must sign the application in ink. Signature must be an original "wet" signature. Copies cannot be accepted	d.
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 boo 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 m be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.	iust
The map must meet all the minimum requirements of OAR 699310-0050.	
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 damby reference to arecognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, iffor irrigation, nursery, or agriculture Other Other	
Fees: Amount of water requested Crm/CFS	
Base Fee \$ 1000 Additional Use @	
1st CFS/AF 257 Total Exam Fees \$ 125	
Addtn'l CFS/ AF @ Total Paid \$ 1650 Amount Due \$ Azc Fzes (A) Amount Returned \$	
Reviewed by: ATM Date: max 02, 2010	

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT #

99310

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

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