Result Minimum Requirements (OAR 690-310-0040)(ORS 537.400) Reconstruction
OF ME-ASTLIC This is the checklist used by WRDstaff OF OZ DER CANCEZED  RESERVOIR
Application 12 87591 County Priority Date MAR 12 2010
Township Range 5 w Section 23
Amount 29 AF Use 578 Watermaster Dist. # 16
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 uder 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
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.
O Groundwater development section (Page 3 and 4, Section B) or a well log report.
Proposed use of water. If supplemental, list primaryacreage.
O 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 & 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").

	to store more than 9.2 acre feet, and adam 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. News Plane & J	occiosfil.  7 A-F  STECS
→ 3 - 3 a - 2 a a	3-31-2010
	ent (include title or authority if for an organization or corporation),
	ust be an original "wet" signature. Copies cannot be accepted.
You will in third at Large description of all the	c properties involved where water is diverted, crossed, and used.
	ounds, or other government survey description. A copy of the
*	licy can provide this information, or you may submit a lot book
report prepared by a title company. The Depar	
A completed Land-Use Form or receipt signed	l and dated by the appropriate planning department officials.
	s all lands involved and all uses proposed Date of signature must
	be an original "wet" signature. Copies cannot be accepted.
The man must meet all the minimum requirem	nents of OAR 690310-0050 NORD NEW ADD MUD IN THE CONNECT OF STAND WITHIN GO ONES SHOW
	CINRE STAND WITHIN GO ONES SHE
Township, Range, Section	
	es or flumes (if POA/POD is outside of POU)
Place of use, 1/4, 1/4's and tax lot clearly	
Even map scale not less than 4" = 1 mile	
1	damby reference to arecognized public land
survey corner. Multiple wells shall be uniqu	ely labeled, and identified on well logs if
existing.	CIRE BOATWRIGHT - DEW MUN HOLD.
Reference corner on map	
North Directional Symbol	tion manager on a subsettion.
Number of acres per 1/4, 1/4, iffor irrigation of them.	ZIMINATURE PLANS \$ 5/605
O Other Me	M OLD CANCELED FICE
	W BED THEELE D THE
	1209
	+400 A/609
Fees: Amount of water requested	A/ A/1609
	2
Base Fee \$ /C/Cl	Additional Use @
Base Fee \$ $\frac{700}{25} = \frac{500}{25}$	Total Exam Fees \$ 1609
$\underline{9}$ Addtn'l CFS/AF @ $\underline{\cancel{7}}$ = $\underline{\cancel{7}}$	Total Paid \$ Aze Fees PAID \$804 50
Addin' POD @	Amount Due \$ 7804
	Amount Returned \$
21	Detail 64 7 15
Reviewed by: Hry  FMICHEZE @ Corent	Date: 184 3-12-2010
& MICHEZE @ Count	200
Groups\wr\Customer Service Group\templates\sta	ndard app checklist 1-12-2010 jks

STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT#

99372

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

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

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## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

BECEIPT#

99371

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

INVOICE # \_\_\_

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