STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 100669

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

INVOICE # _

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Minimum Requirements (OAR 690-310-0040)(ORS 537.400)
This is the checklist used by WRD staff
2 ECONTANT OVER THE COUNTER
Application 87644 County Benton Priority Date 7-27-2010
Township 135 Range 40 Section 7/8/17/18
Amount 430.75 AF Use irrigation Watermaster Dist. # 16
Caseworker Assigned
Jeana Eastman
Applicant/Organization Name, Mailing Address, and Telephone Number.
From State BRUCE heed bor contract source of water. If stored water, is the stored water component filed out, including a non-expired
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The proposed source is of is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
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. license pressure
Groundwater development section (Page 3 and 4, Section B) or a well log report.
Proposed use of water-If supplemental, list primary acreage. — 172.3 acres
Enclosed Supplemental Form for each proposed use.
Form I (Irrigation) O Form M (Municipal or Quasi-Municipal)
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 (AF)
Period of use 31-1931 430.75
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").

\bigcirc	For Standard reservoir applications proposing to store more than 9.2 acre feet, and a dam 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.
	prepared by a CWRE.
	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. LECTAL LECTAL (LECTAL) You must include a Legal description of all the properties involved where water is diverted, crossed, and used.
4	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.
X	المسري - مروة المسري الذي الإلا المسري - مروة المسري - مر
1	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.
X	The map must meet all the minimum requirements of OAR 690-310-0050.
	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 Eyen map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)
	Decation 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
_	O Each point of diversion coordinate Loc
	O Other SIKOOKUUN ENGRAG
/ F	ees: Amount of water requested 430.75 AF
	Base Fee \$ 400 Additional Use @ =
	1st CFS/AF 500 (20AF) Total Exam Fees \$ 1311 + 400 rec = 1711.
4	Addtn' CFS/AF @ = 41 Total Paid \$ 3.
	Addtn' POD @ = Amount Due \$(retund \$1,0=32)
	1311.
	Reviewed by: Scott & puRh Date: (Tues) 7/27/2010
	# XTM
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