Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) Recent # 10192
Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff Reds CARW, LLC
DAN BOYDEN, MANAG
Application G17446 County JACKS Priority Date 12-27-2010
Township 39 S Range E Section 2 11 12
Township 39 S Range E Section 2 11 12 West of 1334 STONAGE RESERVE PRIM Amount CFS Use WAINT IRRIG WM Dist #
Caseworker Assigned O Jeana Eastman O 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 The proposed source is or sometime one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a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. 574725
— O 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.
Well Development (Section 3) or a well log report.
Proposed use of water. If supplemental, list primary acreage.
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
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
Project schedule (If system is already completed, indicate "existing").

0	Preliminary plans and specifications including for all standard reservoir applications	dam height, width, crest width and surf	ace area for each reservoir
0	A map prepared by a CWRE for a standard res	servon application proposing to store me	ore than 9.2 care feet and
	having a dam height of more than 10 feet		
Ø	All applicants or the applicant's authorized ages must sign the application in ink. Signature mu		•
iS	You must include a Legal description of all the The Legal description includes a metes and bordeed, land sales contract or title insurance policing report prepared by a title company. The Depart	unds, or other government survey descri	ption. A copy of the nay submit a lot book
i)	A completed Land-Use Form or receipt signed a Please be certain that the Land-Use form lists be within the past 12 months. Signature must be	all lands involved and all uses proposed	d. Date of signature must
Ø	The map must meet all the minimum requireme	ents of OAR 690-310-0050.	
	Township, Range, Section Location of main canals, ditches, pipelines Place of use, 1/4, 1/4's and tax lot clearly i Even map scale not less than 4" = 1 mile (Location of each diversion point, well or o survey corner. Multiple wells shall be uniquel existing.	identified example: 1" = 100 ft, 1" = 200 ft, etc.) = dam by reference to a recognized public	2 MARS @ 1000 /
_	Reference corner on map North Directional Symbol	Z. a ARRET	2.50
:	O Number of acres per 1/4, 1/4, if for irrigati	on, nursery, or agriculture	-6.50 2.50
ie :	Fees: Amount of water requested 677 2	70,734 // RETRUR(S) 20	13.00 Acle-Feet
	Base Fee \$ 1000	Additional Head 100 = 300	1250
	1st CFS/AF 250	Total Exam Fees \$ 2125	300
	13 Addm'l CFS/ AF @ = 325	Total Paid \$ 2525 Amount Due \$	125
•	Addm', POD/POA@	Amount Returned \$	1875
	Reviewed by: HM	Date: 12-28-2010	2/25
		1 1 1 11	1 0 0010 1

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 101928

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

SALEM, OR 97301-4172 INVOICE #

	(503) 986-0900 / (503) 986-0904 (Tax)										
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	0203	GROUND WATE	ER		\$21259	0204	\$ 400.00				
	0205	TRANSFER			\$						
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