Standard Application Completeness Checklist  Minimum Requirements (OAR 690-310-0040)(ORS 537.400)
This is the checklist used by WRD staff  STANDAGN  RES TON 7.10 AE
Application R87708 County CLACK Priority Date 3-23-2011
Township 35 Range 16 Section 19  Amount 200 AF Use(5) 1734 AESTHETTC WM Dist # 20
Caseworker Assigned O Jeana Eastman Kerry Kavanagh O 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  The proposed source is on is not circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and focal If it is withdrawn by other macros account the application and a
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 If it is withdrawn by other means, accept the application and a negative IR will be issued.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. 5774785
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed.  O 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.
O Well Development (Section 3) or a well log report.
Proposed use of water. If supplemental, list primary acreage.
O Enclosed Supplemental Form for each proposed use.
O 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").

	for all standard reservoir applications  **Model Standard Reservoir applications**  **Teliminary plants and specifications within the standard reservoir applications including dain neight, within, crest within and surface area for each reservoir applications.	
0	A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet $\[ \[ \] \]$	
4	All 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.	
Ø	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.	
4	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 must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.	
	The map must meet all the minimum requirements of OAR 690-310-0050. Promage appears to flow of Township Range Section.	
	O Township, Range, Section  O Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)  O Place of use, 1/4, 1/4's and tax lot clearly identified  O Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)  O Location of each diversion point, well or dam by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing.  O Reference corner on map  O North Directional Symbol  Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture  O Other  MAN ASSIST  WM MIKE MC COND  SALON  Fees: Amount of water requested  Amount of water requested  Amount of water requested  Amount of water requested	
y j	Amount of water requested	
, –	Base Fee \$ 700 Additional Use @	_
<i>I 4</i>	1st CFS/AF 25 = 475 Total Exam Fees \$ 1/25 475.  Addtn: 1 CFS/ AF @ Total Paid \$ 1525 475.	
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	Amount Returned \$ 1/2 Par Par	<u>.</u>
	Reviewed by: 7/11 Date: 3-23-2011 \$400	
Grou	ps\wr\Customer Service Group\templates\standard app checklist 11-9-2010 jks	

## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 102494

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

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

		(503) 98	36-0900 / (50	03) 986-0904 (fa:	k)					
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		TRA	NSFER							
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		4270	WRD O	PERATING	ACCT					
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0410	RESEARCH FEES						\$			
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## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 102493

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

INVOICE # \_

	(503) 986-0900 / (	503) 986-0904 (fax)									
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DATED: 3.23-11 BY:\_

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