Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff Application G 17457 Priority Date MRIL 01 2011 County 4MAT Section Township WM Dist # 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use of the stored water under the PROPOSED Reservoir application (E2): The proposed source is of is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued. STUTES TES Property ownership indicated. Of If applicant does not own all the land, the affected landowner's name and mailing address must be listed. Tapplicant 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 INVOICATION /80 O 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").

\bigcirc	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir
	for all standard 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
d-	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.
1	Letan Good Jes
7	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 book report prepared by a title company. The Department will not accept a copy of the tax bill.
1	
/	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.
1	Township, Range, Section
_	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)
/	Flace 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 dam by reference to a recognized 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, if for irrigation, nursery, or agriculture -
(Other Assist a win office
	DIST 5 C. COOLET
	1/20 × 10.5
F	ees: Amount of water requested 1.1312 CFS - 1/80 x 10.1
	Base Fee \$ 1000 Additional Use @
	1st CFS/AF 250 Total Exam Fees \$ 1250
٠ .	Addtn'l CFS/AF@ = Total Paid \$1250
	Addtn' PODPOA@ = Amount Due \$ Rec Fee Due
	Amount Returned \$
	Reviewed by: APM Date: ARIL 01 2011

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BY:

STATE OF OREGON WATER RESOURCES DEPARTMENT 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax) 102567 INVOICE # __ Patrick + 5 APPLICATION RECEIVED FROM: **PERMIT** West TRANSFER OTHER: (IDENTIFY) CASH: TOTAL REC'D **TREASURY** 4170 WRD MISC CASH ACCT 1083 \$ 0407 COPIES \$ _ OTHER: (IDENTIFY) 0243 I/S Lease 0244 Muni Water Mgmt. Plan_____ 0245 Cons. Water 4270 WRD OPERATING ACCT **MISCELLANEOUS** 46111 COPY & TAPE FEES 0407 \$ 0410 **RESEARCH FEES**

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0233	POWER LICENSE FEE (FW/WRD)						\$
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0201	SURFACE WATER			\$	020	02	\$
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