Standard Application Completeness Checklist
Minimum Requirements (OAR 690-310-0040)(ORS 537.400) REZDITED This is the checklist used by WRD staff T-11049
THECONTARY AN#R 29415 CHAME CHARLETOR
Application S-87701 County WASH Priority Date 4-13-2001
Township Section Section
Amount 40 AF Use INDUSTRIAL WM Dist # 1750 IN
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The proposed source is x is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. 5 THTES NO ENCURSABLES
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.
O 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.
O Form I (Irrigation) O Form M (Municipal or Quasi-Municipal)
O Form R (Mining) 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").

O Preliminary plans and specifications including dam height, width, erest width and surface area for each reservoir for all standard reservoir applications
101 an standard reservon applications
O 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
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.
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.
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.
O Township, Range, Section MAD STREE IS - SHEWER AS (MAD) 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 O Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture O Other STATE WEET COMMENTALES
NO CHECK WHEN. SUBMITTED
Fees: Amount of water requested 40 AF
Base Fee \$ 400 Additional Use @ 900
1st CFS/AF 0/25 = 500 Total Exam Fees \$ 920 +20
20 Addtn'l CFS/ AF @ 4/ = 20 Total Paid \$ 1320 8920
Addtn' POD/POA@= Amount Due & Arc FEET MID 400 CHECK BETWE MAILED Amount Returned \$ REE FEET
PH POLES 1 WAR 4 2011
Reviewed by: 747ml Date: MAR 2, 2011 \$1320
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STATE OF OREGON

WATER RESOURCES DEPARTMENT

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

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