Standard Application Completeness Checklist RECEIVED Minimum Requirements (OAR 690-310-0040)(ORS 537.400) IIIN 2 2000

This is the checklist used by WRD staff

JUN 3 2011

WATER RESOURCES DEPT SALEM, OREGON

Application 4-17467	County Moltno	mah Priority	Date 03-J	nadl
Township 15	Range 3E	Section	5	<u> </u>
Amount O.05 AF Use **The Amount O.05 AF Use **Caseworker Assigned O Jeana Extract Office Control of the Contr	astman O Kerry Kav BAPMX Q Well	anagh OMichele Company of Michele Company of Michele	Dist # - Congo McAleer U MCAleer U	mptise- osed Loop.
Source of water. If stored water, is agreement for stored water must be in be filed at the same time as a Reservo the PROPOSED Reservoir application	cluded. (ORS 537.400) ir or Alt Reservoir if it v n (E2).	NOTE: A surface wa will be for the use of the frenting well	nter application he stored water	cannot under
The proposed source is or is not (ORS 538, then return application negative IR will be issued.	cipcle one) withdrawn fi	rom further appropriat awn by other means, a	tion. If it is with	drawn under ation and a
Property ownership indicated.				
O If applicant does not own	all the land, the affected	l landowner's name an	nd mailing addre	ss must be listed.
 If applicant does not own authorization or an easem work must be submitted. 				
Well Development (Section 3) or a	well log report.			
Proposed use of water. If supplement	ental, list-primary acreas	ge. War		
Enclosed Supplemental Form for e	each proposed use.	·		
O Form I (Irrigation)	O Form M (Muni	cipal or Quasi-Munic	ipal)	
O Form R (Mining)	O Form Q (Com	mercial or Industrial)		
O Spring Description Sheet				
Amount of water from each source O. 05 AF cons Period of use		(GPM), cubic feet per LXT. 1003P		
Water management section (Pleas Resource Protection Section	te estimate if the water s	system has not been de	esigned).	

Project schedule (If system is already completed, indicate "existing").

0	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications
<u>О</u>	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
\sim	
بل	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.
9	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 man must meet all the minimum requirements of OAR 600 310 0050
\cup	The map must meet all the minimum requirements of OAR 690-310-0050.
	Township, Range, Section Clocation 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 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. JUN 3 2011
-	Reference corner on map
	North Directional Symbol
٠.	O Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture
	O Other
	$A = 1 + \frac{1}{2}$
) I	Fees: Amount of water requested 0.05 AF/200 gpm - non 1 on som dive heat 1 250 Cto be promitting thou
	Base Fee \$ 1000 Additional Use @ Base Fee \$ 1000 JP years
	1st CFS/AF 260 Total Exam Fees \$ 2005 Compercial
	Addtn'l CFS/AF@ = Total Paid \$ 2650.
	Amount Returned \$ 250
	Reviewed by: Wichelme Date: DiJune Soit
	REVIEWEU DY. 11 CHEST SOLL

STATE OF OREGON

WATER RESOURCES DEPARTMENT

REC	CEIPT#	103033	725 S (503) 98	Summer S ALEM, OR 9	t. N.E. Ste. A 7301-4172 3) 986-0904 (fa		INVOICE # .	
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103033 DATED: 6.3.11 BY: 455

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