Standard Application Completeness Checkest Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff

Application G-1747O	County VARGENIA	Priority Date 6 HG /2011
Township 35	Range Jw	Section 13,14 9 23
Amount 100 Gau. Us	E QUELL MENTERAL	WM Dist #
Caseworker Assigned O Jeana	Eastman 🛭 🎖 Kerry Kavanaş	zh O Michele McAleer
Applicant/Organization Name, N	Mailing Address, and Telephor	ne Number.
be filed at the same time as a Reservithe PROPOSED Reservoir applicati	included. (ORS 537.400) NO voir or Alt Reservoir if it will l ion (E2)	t filed out, including a non-expired TE: A surface water application cannot be for the use of the stored water under further appropriation. If it is withdrawn under
		by other means, accept the application and a
Property ownership indicated.		
If applicant does not own	a all the land, the affected land	lowner's name and mailing address must be listed
O If applicant does not own	a all the land, a signed stateme ment permitting access to land	nt declaring the existence of either written crossed by the proposed ditch canal or other
Well Development (Section 3) or	a well log report. YAKH \$59	920
Proposed use of water. If supplem	nental, list primary acreage.	
Enclosed Supplemental Form for	each proposed use.	
O Form I (Inigation)	Form M (Municipal	or Quasi-Municipal)
O Form R (Mining)	O Form Q (Commercia	l or Industrial)
O Spring Description Sheet		
Amount of water from each source	e in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use		
Water management section (Pleas	e estimate if the water system	has not been designed).
Resource Protection Section Project schedule (If system is alrea	ady completed, indicate "exist	ine").

9	Prelyminary plans and specifications including dam neight, width, crest width and surface area for each reserv
. ·(for all standard reservoir applications
^	
P	A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet an
٠/	having a dam height of more than 10 feet
\sim	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.
ک	You must include a Legal description of all the properties involved where water is diverted, crossed, and used.
9	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.
٠.	
٠	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 mu
	be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.
9	The map must meet all the minimum requirements of OAR 690-310-0050.
	OT-mintin Danes Grating
	Township, Range, Section
٠.	O Location 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.)
	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.
	Reference comer on map
	O North Directional Symbol
	Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture
	Other
) :	Fees: Amount of water requested () () () () () () () () () (
	Base Fee \$ 1000 as Additional Use @
	1st CFS/AF 25000 Total Exam Fees \$ 1200000 AU Fust Paro.
	O Addtn'l CFS/AF @ = Total Paid \$ Recounted Anno-
	O Addtn' POD/POA @ Amount Due \$
	Amount Returned \$
	Reviewed by: Date : (16 2011

Minimum Requirements Checklist Minimum Requirements (OAR 690-310-0040, OAR 690-310-0050 & ORS 537.615)

Include this checklist with the application

Check that each of the following items is included. The application will be returned if all required items are not included. If you have questions, please call the Water Rights Customer Service Group at (503) 986-0900.

\boxtimes	SECTION 1: applicant information and signature	RECEIVED					
\boxtimes	SECTION 2: property ownership	JUN 16 2011					
\boxtimes	SECTION 3: well development	WATER RESOURCES DEPT					
\boxtimes	SECTION 4: water use						
\boxtimes	SECTION 5: water management SECTION 6: storage of groundwater in a reservoir						
	SECTION 7: use of stored groundwater from the reservoir						
\boxtimes	SECTION 8: project schedule						
\boxtimes	SECTION 9: remarks						
	Attachments:						
\boxtimes	Land Use Information Form with approval and signature (must be an	original) or signed receipt					
\boxtimes	Provide the legal description of: (1) the property from which the water is to be diverted, (2) any property crossed by the proposed ditch, canal or other work, and (3) any property on which the water is to be used as depicted on the map. Fees - Amount enclosed: \$1,650 See the Department's Fee Schedule at www.oregon.gov/owrd or call (503) 986-0900.						
\boxtimes							
	Provide a map and check that each of the following ite	ems is included:					
\boxtimes	Permanent quality and drawn in ink						
\boxtimes	Even map scale not less than $4" = 1$ mile (example: $1" = 400$ ft, $1" = 1$	1320 ft, etc.)					
\boxtimes	North Directional Symbol						
\boxtimes	Township, Range, Section, Quarter/Quarter, Tax Lots						
\boxtimes	Reference corner on map						
\boxtimes	Location of each well, and/or dam if applicable, by reference to a reco (distances north/south and east/west). Each well must be identified by						
\boxtimes	Indicate the area of use by Quarter/Quarter and tax lot clearly identified	ed					
	Number of acres per Quarter/Quarter and hatching to indicate area of supplemental irrigation, or nursery	use if for primary irrigation,					
	Location of main canals, ditches, pipelines or flumes (if well is outsid	e of the area of use)					
\boxtimes	Other Map shows nearest surface water						

Revised 3/4/2010 G-17470

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 103132 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 (

INVOICE	#	

		(503) 986-0900 /	(503) 986-0904 (fax	9						
RECEIVED FROM:	COYO	J-1 3+6	ONES	APPLICATION	G17470					
BY:	TIXI			PERMIT						
				TRANSFER						
CASH: CHECK	(# 	HER: (IDENTIFY)		TOTAL REC'D	\$ 16500					
1083 TRE	EASURY	4170 WRD	MISC CASH A	CCT						
0407 CO	PIES				\$					
ОТ	HER: (IDI	ENTIFY) REC	EIVED		\$					
02421/61 0200			_	ER Water						
0243 I/S Lease 0244 MUNY THE MONTH FOR										
MIS	SCELLANEOUS	40			•					
	PY & TAPE FEES		, , ,		\$					
0410 RE	SEARCH FEES				\$					
	SC REVENUE: (II	DENTIFY)			\$					
	POSIT LIAB. (IDE	·			\$					
	TENSION OF TIM	,			\$					
	TER RIGHTS:		5 VA41.555		RECORD FEE					
	RFACE WATER		EXAM FEE	0202	\$					
	OUND WATER		\$ 12509		\$ 40000					
	ANSFER		\$ 12509	0204						
		lon.	EXAM FEE		LICENSE FEE					
	ELL CONSTRUCTI		\$	0219	\$					
	ELL DRILL CONST		Ψ	0220	\$					
	NDOWNER'S PER	IMII		0220	T					
OTI	HER	(IDENTIFY)								
0536 TRE	EASURY	0437 WELL	CONST. STA	RT FEE						
0211 WE	ELL CONST STAR	T FEE	\$	CARD#						
0210 MO	NITORING WELL	S	\$	CARD#						
ОТ	HER	(IDENTIFY)								
0607 TRE	EASURY	0467 HYDF	O ACTIVITY	LIC NUMBER						
0233 PO	WER LICENSE FE	EE (FW/WRD)			\$					
	DRO LICENSE FE		Γ		\$					
	DRO APPLICATIO		_		\$					
	EASURY		R / RDX							
					-					
FUND		TITLE								
OBJ. CODE		VENDOR #			•					
DESCRIPTION .					\$					
RECEIPT: 103	3132	DATED: 10	-\(\s\\\\ BY:	TX.						

Distribution - White Copy - Customer, Yellow Copy - Fiscal, Blue Copy - File, Buff Copy - Fiscal