## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537.400)

Applica	tion G 16738	Township	18	•
Priority	Date (1CT 12 2006	Range	3W	
` ` ' -	Comm/ WDUS	Section	0/	
	1.223 / 100 EFS GPM	PO <b>J</b> Loc	SW NE	
County	WASHING TON	POU Loc	SEE MA	8
			•	
ink.	icant/Organization Name, Mailing			
	ce of water. If stored water, is the sexpired agreement for stored water			non-
CO Prop	erty ownership indicated.			
	O If applicant does not own all the mailing address must be listed.	land, the affected	landowner's name and	
•	O If applicant does not own all the written authorization or an ease proposed ditch canal or other w	ment permitting ac	cess to land crossed by the	
Grou repo	ndwater development section (Page ort.	2, Section 3 and/o	r Page 3, Section 2) or a w	ell log
Prop	osed use of water. If supplemental,	list primary water	right acreage if applicable.	
Encl	osed Supplemental Form for each p	roposed use.		
	O Form I (Irrigation)	Form M (Munic	ipal or Quasi-Municipal)	
	O Form R (Mining)	Form Q (Comm	ercial or Industrial)	
	O Spring Description Sheet			
	ount of water from each source in ga	llons per minute (C	GPM), cubic feet per secon	d (CFS),
O Peri	od of use			

Ø	Water management section (Please estimate if the water system has not been designed).				
6	Resource Protection Section (Page 6, Section 5).				
6	Project schedule (If system is already completed, indicate "existing").				
0	O For reservoir applications storing more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required.				
	O If the above is statement is checked, the	map must be prepared by a CWRE.			
0	All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.				
Ø	You must include a Legal description of the property involved that 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. Date of signature must be within the past 6 months.					
The map must meet all the minimum requirements of OAR 690-310-0050.					
	O Township, Range, Section	O Location of main canals, ditches, pipelines or flumes			
	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.)	1"@ 400		
	O Location of each diversion point well or dam by reference to a recognized public land survey corner	O North Directional Symbol			
	O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other			
	O Reference corner on map				
	O Each point of diversion coordinate				
Co Fees: Amount of water requested 1,223 CF \$					
	Base Fee \$	Total Exam Fee \$ 500			
	1st CFS/AF	Total Paid \$ 500			
	Addtn'l @ =	Amount Due \$	,		
	Reviewed by	Date 01 12 2006	-		