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

Application S-87820 County JOSEPHINE Priority Date Jane 27,2012
Township 375 Range SW Section 27
Amount 12.6 Ac/FT_ Use IRRIGIOTION 4.2 ACRES WM Dist # 14
Applicant Name Rom Sruce
Receipt No. 106117
Caseworker Assigned
Applicant/Organization Name, Mailing Address, and Telephone Number.
Il 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.
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, Expedited Secondary(E2).
If for stored water not under contract, is the source valid / Permit or Certificate issued Y/N List Permit or Certificate number
The proposed source is of is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.
Property ownership indicated.
☐ 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.
Well Development (pg. 4 & 5) or a well log report.
Proposed use of water. If supplemental, list primary acreage. (Irrigation and Supp.l Irrigation together, is 2 uses) Supplemental data sheets enclosed if needed?
☐ Form M (Municipal or Quasi-Municipal) ☐ 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

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1	Water management section (Please estimate if the water system has not been designed).							
	Resource Protection Section (N/A for Groundwater)							
4	Project schedule (If system is already completed, indicate "existing").							
<u>-</u>	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications							
· · ·	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							
	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.							
4	The map must meet all the minimum requirements of OAR 690-310-0050.							
	Township, Range, Section							
į	Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU)							
	Delace 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							
	,							
] F	ees: Amount of water requested 12.6 nc/FT Signers H20							
	Base Fee \$ 400 Total Exam Fees \$ 725							
	1st CFS/AF 325 Permit Recording Fees \$ 400 eo							
	Addtn1 CFS/ AF @ = Mitigation Fee \$							
	Addtnl POD/POA @ = Total Paid \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
	Addtnl Use @ Amount Due \$							
	Amount Returned \$							
	Reviewed by: Convoid Date: C-27-12							
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STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 106117 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE # ______

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CEIVED FROM: ROO L. C.T.U.C. APPLICATION PERMIT						
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