## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537,400)

Application G 16784	Township G N	
Priority Date 1-22-2007	Range <u>137</u> €	
Use(s) + IRRIG	Section 18 119 29	
Rate Gad	POM Loc. 5 SEE MAC	
County UMAT	POU Loc. SEE CHART	
	WITH MAS	
Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.  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)		
Property ownership indicated.		
O If applicant does not own all the mailing address must be listed.	land, the affected landowner's name and	
• •	land, a statement declaring the existence of either ment permitting access to land crossed by the ork must be submitted.	
Groundwater development section (Page report.	2, Section 3 and/or Page 3, Section 2) or a well log	
Proposed use of water. If supplemental, I	ist primary water right acreage if applicable.	
Enclosed Supplemental Form for each pr	oposed use.	
Form I (Irrigation)	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 gal or acre feet (AF)	llons per minute (GPM), cubic feet per second (CFS),	
Period of use		
	·	

	Water management section (Please estimate if the water system has not been designed).
	Resource Protection Section (Page 6, Section 5).
	Project schedule (If system is already completed, indicate "existing").
	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.
	All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.
•	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.)
	O Location of each diversion point O North Directional Symbol well or dam by reference to a recognized public land survey corner
	O Number of acres per 1/4, 1/4, if O Other
	O Reference corner on map
	O Each point of diversion coordinate
	OFees: Amount of water requested 600 Gram; 1.7369 CFS
	Base Fee \$ Total Exam Fee \$ 6 CO
	1st CFS/AF Total Paid \$ Goo
	Addtn'l @ = Amount Due \$
	Reviewed by Date 1-22-207