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

Application G 16788	Township	<u>45</u>
Priority Date 1-29-2007	Range	IE
Use(s) IRRIG	Section	25
Rate 0,55 CF5	POD Loc.	IE SE
County CLACK	POU Loc.	VE SE
<u> </u>		
Applicant/Organization Name, Mailing ink. Source of water. If stored water, is the expired agreement for stored water	stored water component fil	ed out, including a non-
Property ownership indicated.		
O If applicant does not own all the mailing address must be listed		ner's name and
 If applicant does not own all the written authorization or an east proposed ditch canal or other 	ement permitting access to	
Groundwater development section (Pagreport.	e 2, Section 3 and/or Page	3, Section 2) or a well log
Proposed use of water. If supplemental	list primary water right ac	reage if applicable.
Enclosed Supplemental Form for each	proposed use.	
Form I (Irrigation)	O Form M (Municipal or	Quasi-Municipal)
O Form R (Mining)	O Form Q (Commercial o	r Industrial)
O Spring Description Sheet		
Amount of water from each source in g or acre feet (AF)	allons per minute (GPM),	cubic feet per second (CFS),
Period of use		

4	Water management section (Please estimate	if the water system has not been designed).		
co	Resource Protection Section (Page 6, Section 5).			
6	Project schedule (If system is already completed, indicate "existing").			
0	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.			
w	All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.			
Q	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.				
م	The map must meet all the minimum require	ments 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 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 CARE GREET		
	O Reference corner on map			
	O Each point of diversion coordinate			
0	Fee requested			
	Base Fee \$	Total Exam Fee \$ 500		
	1st CFS/AF	Total Paid \$ 500		
. *	Addtn'l @=	Amount Due \$		
	Designation 3/7/M	Data 1- 29 2/107		