JIM WATTS

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

Application	Township
Priority Date	Range
Use(s)	Section
Rate	POD Loc.
County	POU Loc.
	the stored water component filed out, including a non- ater must be included. (ORS 537.400)
Property ownership indicated.	
O If applicant does not own al mailing address must be lis	l the land, the affected landowner's name and ted.
written authorization or an	If the land, a statement declaring the existence of either easement permitting access to land crossed by the ler work must be submitted.
Groundwater development section (report.	Page 2, Section 3 and/or Page 3, Section 2) or a well log
Proposed use of water. If supplement	ntal, list primary water right acreage if applicable.
Enclosed Supplemental Form for ea	ch proposed use.
G Form I (Irrigation)	O Form M (Municipal or Quasi-Municipal)
O Form R (Mining)	O Form Q (Commercial or Industrial)
O Spring Description Sheet	
Amount of water from each source or acre feet (AF)	in gallons per minute (GPM), cubic feet per second (CFS),
O Period of use	

ø	Water management section (Please estimate	if the water system has not been designed).	
X	Resource Protection Section (Page 6, Section	on 5).	
<b>\$</b> _	-Project schedule (If system is already comp	leted, indicate "existing").	
NIB	For reservoir applications storing more than feet, preliminary plans and specifications fo	9.2 acre feet, and a dam height of more than 10 or dam and impoundment are required.	: <b>)</b>
	O If the above is statement is checked, the	map must be prepared by a CWRE.	
Þ	All applicants (or the authorized agent with corporation), must sign the application in in		
MADO	You must include a Legal description of the bounds, or other government survey descriptitle insurance policy can provide this information prepared by a title company. The Department	nation. A copy of the deed, land sales contract or nation, or you may submit a lot book report	NOT SIGNED OR COMPLETED
	A completed Land-Use Form or receipt sign department officials. Date of signature must	t be within the past 6 months.	
0	The map must meet all the minimum require	ements of OAR 690-310-0050.	
	✓ Township, Range, Section	Location of main canals, ditches, pipelines or flumes	
	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.)	ND SCATE IS
NOT	O Location of each diversion point well or dam by reference to a recognized public land survey corner	O North Directional Symbol	NOT 1"-4 AS INDICA
NO 4	O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other	
1	A-Reference corner on map		
	Pach point of diversion coordinate		
p	Fees: Amount of water requested		
	Base Fee \$	Total Exam Fee \$	
	1st CFS/AF	Total Paid \$	
	Addtn'1 @ =	Amount Due \$	
	Reviewed by AngleMAN	Date	