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

| Application 6-17606 County 25C Priority Date 12-14-12 |
|---|
| Township Multiplicange Section Section Section Section |
| Amount Dela 1287 AFUse WM Dist # |
| Applicant Name |
| Receipt No |
| Caseworker Assigned ☐ Jeana Eastman ☐ Kerry Kavanagh |
| Applicant/Organization Name, Mailing Address, and Telephone Number. |
| All 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| The proposed source is o is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 |

| X | Water management section (Please estimate if | the water system has not been designed). |
|-----|--|--|
| X | Resource Protection Section (N/A for Grounds | water) |
| X | Project schedule (If system is already complete | ed, indicate "existing"). |
| P | Preliminary plans and specifications including for all standard reservoir applications | dam height, width, crest width and surface area for each reservoir |
| N | map prepared by a CWRE for a standard restaining a dam height of more than 10 feet | servoir application proposing to store more than 9.2 acre feet and |
| /S | The Legal description includes a metes and bo | properties involved where water is diverted, crossed, and used ounds, or other government survey description. A copy of the cy can provide this information, or you may submit a lot book tent will not accept a copy of the tax bill. |
| | be certain that the Land-Use form lists all land | and dated by the appropriate planning department officials. Please ds involved and all uses proposed. Date of signature must be an original "wet" signature. Copies cannot be accepted. |
| | The map must meet all the minimum requirement | nts of OAR 690-310-0050. |
| | Township, Range, Section Location of main canals, ditches, pipelines Place of use, 1/4, 1/4=s and tax lot clearly Even map scale not less than 4" = 1 mile (or construction of each diversion point, well or discretely corner. Multiple wells shall be unique existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation of the corner of the corne | identified example: 1" = 100 ft, 1" = 200 ft, etc.) lam by reference to a recognized public land ly labeled, and identified on well logs if |
| F | ees: Amount of water requestedOC | |
| , | Base Fee \$ 1000 | Total Exam Fees \$ 4000 |
| | 1st CFS/AF \$ 250 Addtnl CFS/ AF @ 9 250 = 2250 Addtnl POD/POA @ 550 = Addtnl Use @ | Permit Recording Fees \$ Mitigation Fee \$ Total Paid \$ 400 Amount Due \$ Amount Returned \$ |
| | Reviewed by: | Date: 12/13/12 |
| Gro | ins/ww/Customer Service Group/templates/stan | dard ann checklist 7/30/2012 iks |

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 107577

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # _____

| н: с | CHECK:# | OTHER: (IE | DENTIFY) | | TRANSFER TOTAL REC'D | \$ 4000.0 |
|------------|------------------|-------------------------|--------------|------------|----------------------|------------|
| 1083 | TREASURY | 4170 | WRD M | ISC CASH A | CCT | |
| 0407 | COPIES | | | | | \$ |
| | _ OTHER: (| IDENTIFY) | | | | \$ |
| 0243 I/S L | ease 0244 | 4 Muni Wate | er Mgmt. Pla | an 024 | 45 Cons. Water | _ |
| | | 4270 | WRD O | PERATING A | ACCT | 1000 |
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| 0407 | COPY & TAPE FE | ES | • | 16111 | | \$ |
| 0410 | RESEARCH FEES | 3 | | | | \$ |
| 0408 | MISC REVENUE: | (IDENTIFY | () | | | \$ |
| TC162 | DEPOSIT LIAB. (I | DENTIFY) | | | | \$ |
| 0240 | EXTENSION OF T | IME | | | | \$ |
| | WATER RIGHTS: | | | EXAM FEE | 7 | RECORD FE |
| 0201 | SURFACE WATER | ₹ | | \$ | 0202 | \$ |
| 0203 | GROUND WATER | | | \$ 4000.0 | 0204 | \$ |
| 0205 | TRANSFER | | | \$ | 7 | |
| | WELL CONSTRUC | CTION | | EXAM FEE | | LICENSE FE |
| 0218 | WELL DRILL CON | | R | \$ | 0219 | \$ |
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| 0211 | WELL CONST STA | ART FEE | | \$ | CARD# | |
| 0210 | MONITORING WE | LLS | | \$ | CARD # | |
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| 0607 | TREASURY | 0467 | HYDRO | ACTIVITY | LIC NUMBER | |
| 0233 | POWER LICENSE | FEE (FW/ | WRD) | 1 | | \$ |
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