

RETURNED

# Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040) (ORS 537.400)

Application _____	Township _____
Priority Date _____	Range _____
Use(s) _____	Section _____
Rate <u>PAGE 4</u> <u>NOT INDICATED</u>	POD Loc. _____
County _____	POU Loc. _____

- 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.
  - 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 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.
- Groundwater development section (Page 2, Section 3 and/or Page 3, Section 2) or a well log report Good
- Proposed use of water. If supplemental, list primary water right acreage if applicable.
- Enclosed Supplemental Form for each proposed use.
  - Form I (Irrigation)                       Form M (Municipal or Quasi-Municipal)
  - Form R (Mining)                               Form Q (Commercial or Industrial)
  - Spring Description Sheet
- MISSING Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF) PAGE 4 MAX FLOW RATE TO BE USED
- 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").
- ~~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.~~
- ~~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.

MISSING

The map must meet all the minimum requirements of OAR 690-310-0050.

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| <p><input checked="" type="checkbox"/> Township, Range, Section</p> <p><input checked="" type="checkbox"/> Place of use, 1/4, 1/4's and tax lot clearly identified</p> <p><input checked="" type="checkbox"/> Location of each diversion point well or dam by reference to a recognized public land survey corner</p> <p><input checked="" type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture</p> <p><input checked="" type="checkbox"/> Reference corner on map</p> <p><input checked="" type="checkbox"/> Each point of diversion coordinate</p> | <p><input type="radio"/> Location of main canals, ditches, pipelines or flumes</p> <p><input checked="" type="checkbox"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)</p> <p><input type="radio"/> North Directional Symbol</p> <p><input type="radio"/> Other _____</p> |
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MAP DOES MEET MINIMUMS

Fees: Amount of water requested NOT LISTED PAGE 4

Base Fee \$ _____	Total Exam Fee \$ <u>500</u>
1st CFS/AF _____	Total Paid \$ <u>500</u>
_____ Addtn'l @ _____ = _____	Amount Due \$ <u>RETURNED</u>
Reviewed by <u>HERB MASGAR</u>	Date <u>9-26-2006</u>
<u>503-986-0804</u>	