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

	The state of the s	
FAXEN	Application G 16748	Township 5 M
FORM	Priority Date Nov 7 2006	Range 29 €
" <u>I</u>	Use(s) SUPPL. IRRIG	Section 34
	Rate 0.494 CFS	POP Loc. ~ ~ /4~ /4/
	County UMATTLCA	POU Loc. NE /4
	• •	Address and Telephone Number, application signed in
	ink. Source of water. If stored water, is the st expired agreement for stored water n	ored water component filed out, including a non- nust 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 nent permitting access to land crossed by the ork must be submitted.
4	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.
	O Enclosed Supplemental Form for each pr	oposed use. INITIALLY
	O Form I (Irrigation)	Form M (Municipal or Quasi-Municipal)
	O Form R (Mining)	Form Q (Commercial or Industrial)
	→ Spring Description Sheet	
<i>C</i>	Amount of water from each source in gal or acre feet (AF)	llons per minute (GPM), cubic feet per second (CFS),
	Period of use	
	39.5 A	

and the second of the second o	Carlos Carlos and the Carlos C
Water management section (Please estim	ate if the water system has not been designed).
Resource Protection Section (Page 6, Sec	ction 5).
Project schedule (If system is already con	mpleted, indicate "existing").
O For reservoir applications storing more to feet, preliminary plans and specifications	han 9.2 acre feet, and a dam height of more than 10 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 wi corporation), must sign the application in	th title or authority if for an organization or ink.
bounds, or other government survey described title insurance policy can provide this inf	the property involved that includes a metes and cription. A copy of the deed, land sales contract or cormation, or you may submit a lot book report ment will not accept a copy of the tax bill.
A completed Land-Use Form or receipt sidepartment officials. Date of signature m	igned and dated by the appropriate planning Azcowed within the past 6 months.
O The map must meet all the minimum requ	nirements of OAR 690-310-0050. SCM CONSULTAN
Township, Range, Section	Objection of main canals, ditches, pipelines or flumes Obven map scale not less than 4" = 1 mile
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.) BLUE FORFIL
Location of each diversion point well or dam by reference to a recognize public land survey corner	O North Directional Symbol
Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other
Reference corner on map	
Each point of diversion coordinate	
Fees: Amount of water requested 0.	_
Base Fee \$	Total Exam Fee \$ 5 C(C)
1st CFS/AF	Total Paid \$ 750
Addtn'l @ =	Amount Due \$

Date

Reviewed by