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

Application G-17619 County MAKION Priority Date Jawaney 14,2013
Township 6 ? 7 Same Range 2 West Section 34, 2, 3
Amount 2006PH Use IRRIGIATION 25.0 Acres WM Dist # 16
Applicant Name ROBGET AND JUSTIN DITCHEN
Receipt No
Caseworker Assigned
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).
NA 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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. Expunces - Proposed Well
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

€	Water management section (Please estimate if	the water system has not been designed).
ď	Resource Protection Section (N/A for Grounds	water)
Q'	Project schedule (If system is already complete	ed, indicate "existing").
ndr	Preliminary plans and specifications including for all standard reservoir applications	dam height, width, crest width and surface area for each reservoir
dy.	A map prepared by a CWRE for a standard reshaving a dam height of more than 10 feet	servoir application proposing to store more than 9.2 acre feet and
3	The Legal description includes a metes and bo	properties involved where water is diverted, crossed, and used unds, or other government survey description. A copy of the cy can provide this information, or you may submit a lot book tment will not accept a copy of the tax bill.
Ø,	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.
T 4	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 (a Location of each diversion point, well or d survey 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 Other	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
Ø	Fees: Amount of water requested 200 Gr	
	Base Fee \$ 1000	Total Exam Fees \$ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	1st CFS/AF \$ 250	Permit Recording Fees \$ 400
	Addtnl CFS/ AF @ = Addtnl POD/POA @ =	Mitigation Fee \$ 7 Total Paid \$ 1650 Amount Due \$ Amount Returned \$
	Reviewed by:	Date: [/14/2013

STATE OF OREGON

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