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

Application <u>6.176.35</u> County <u>Matheur</u> Priority Date <u>3/8/13</u>
Township 135 Range 4/ E Section 3/
Amount 89AF Use Placer Mining WM Dist # 9
Applicant Name Ed Rich, Queen Resources LLC
Receipt No. 108263 (108262
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).
☐ 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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.
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 $3/1$ to $1/30$

Water management section (Please estimate	if the water system has not been desi	gned).
Resource Protection Section (N/A for Ground	ndwater)	
Project schedule (If system is already compl	eted, indicate "existing").	
Preliminary plans and specifications including for all standard reservoir applications	ng dam height, width, crest width and	l surface area for each reservoir
A map prepared by a CWRE for a standard that having a dam height of more than 10 feet	reservoir application proposing to sto	re more than 9.2 acre feet and
You must include a Legal description of all the The Legal description includes a metes and legal, land sales contract or title insurance per report prepared by a title company. The Dep	bounds, or other government survey oblicy can provide this information, or	description. A copy of the you may submit a lot book
A completed Land-Use Form or receipt signed be certain that the Land-Use form lists all la within the past 12 months. Signature must be	ands involved and all uses proposed.	Date of signature must be
☐ The map must meet all the minimum requirem	nents of OAR 690-310-0050.	
Township, Range, Section Location of main canals, ditches, pipelin Place of use, 1/4, 1/4=s and tax lot clear Even map scale not less than 4" = 1 mile Location of each diversion point, well or 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 of the corner	ly identified e (example: 1" = 100 ft, 1" = 200 ft, e r dam by reference to a recognized purely labeled, and identified on well lo	tc.) ublic land
Fees: Amount of water requested	·	
Base Fee \$ 100000 1st CFS/AF \$ 25000	Total Exam Fees \$#125000 Permit Recording Fees \$ 40000	2
Addtnl CFS/ AF @ _ = Addtnl POD/POA @ _ = Addtnl Use @ _ =	Mitigation Fee \$ Total Paid \$ /65000 Amount Due \$ /65000 Amount Returned \$	
Reviewed by:	Date: 3/8/13	
Groups\wr\Customer Service Group\templates\sta	andard app checklist	7/30/2012 jks

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 108262

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # ____

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0203	GROUND WATER			\$		0204	\$ 400
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725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

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0205	TRANSFER			\$		
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0218	WELL DRILL CO	NSTRUCTOR	3	\$	0219	\$
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DATED: 3-8-13 BY: KUNKINSON