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

Application G-17680 County Quexamas Priority Date 6-	-4-13
Township Section Range E Section	3 18
Amount Wse We Sery WM Dist # C	<u>'</u>
Applicant Name Barlow Oaks UC	
Receipt No	ZID A
Caseworker Assigned Kerry Kavanagh Mary Rohling	quir
Applicant/Organization Name, Mailing Address, and Telephone Number.	
All applicants or the applicant's authorized agent (include title or authority if for an organization must sign the application in ink. Signature must be an original "wet" signature. Copies care	_
Source of water. If stored water, is the stored water component filed out, including a non-exp agreement for stored water must be included. (ORS 537.400) NOTE: A surface water applicable filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stored water PROPOSED Reservoir application, Expedited Secondary(E2).	cation cannot
H 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The proposed source is or is not (circle one) withdrawn from further appropriation. If it is withdrawn by other means, accept the appl negative IR will be issued.	
Property ownership indicated.	
NA If applicant does not own all the land, the affected landowner=s name and mailing add	dress must be listed.
NH If applicant does not own all the land, a signed statement declaring the existence of eigenstant authorization or an easement permitting access to land crossed by the proposed ditch work must be submitted.	ther written canal or other
Well Development (pg. 4 & 5) or a well log report.	
Proposed use of water. If supplemental, list primary acreage. (Irrigation and Supp.l Irrigatio uses)	n together, is 2
Supplemental data sheets enclosed (if needed)	
M Form M (Municipal or Quasi-Municipal)	
Spring Description Sheet (if source is a spring)	

Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use Year Round
Water management section (Please estimate if the water system has not been designed).
Resource Protection Section (N/A for Groundwater) GW
Project schedule (If system is already completed, indicate "existing").
Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications
A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a darm height of more than 10 feet
You must include a Legal description of all the properties involved where water is diverted, crossed, and used. The Legal description 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. Please be certain that the Land-Use form lists all lands involved and all uses proposed. Date of signature must be within the past 12 months. Signature must be an original "wet" signature. Copies cannot be accepted.
The map must meet all the minimum requirements of OAR 690-310-0050.
Township, Range, Section Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) Place of use, 1/4, 1/4=s and tax lot clearly identified Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) Location of each diversion point, well or dam by reference to a recognized public land survey corner. Multiple wells shall be uniquely labeled, and identified on well logs if existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation, nursery, or agriculture
□ Other
□ Fees: Amount of water requested 1.105 cfs - 2 wells
Base Fee \$ 1,000.00 Total Exam Fees \$ 1,750.00 Partit Baseding Fees \$ 400
Addtnl CFS/AF @ Z50 = Z50 Mitigation Fee \$ Addtnl POD/POA @ Z50 = Z50 Total Paid \$ Z/50.50 Addtnl Use @ = Amount Due \$ Amount Returned \$ Reviewed by: Date :

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 108978

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

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