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

Application G 16763	Township 4 S	
Priority Date 12 - 15 - 2006	Range 12 E	
Use(s) SUPPLMINTS	Section	
Rate UNE CFS	POD Loc. NE SW	
County WASCO	POU Loc. SEE MAP	
Applicant/Organization Name, Mailing A ink.	Address and Telephone Number, application signed in	
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.		
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed.		
O 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 report.	2, Section 3 and/or Page 3, Section 2) or a well log	
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)	
O Form R (Mining)	Form Q (Commercial or Industrial)	
O 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		

	The second	was reliable to the to the time.	
4	Water management section (Please estimate	if the water system has not been designed).	
CO	Resource Protection Section (Page 6, Sectio	n 5).	
6	Project schedule (If system is already completed, indicate "existing").		
Ο	For reservoir applications storing more than feet, preliminary plans and specifications for	9.2 acre feet, and a dam height of more than 10 r dam and impoundment are required.	
	O If the above is statement is checked, the	map must be prepared by a CWRE.	
D	All applicants (or the authorized agent with to corporation), must sign the application in in		
D	You must include a Legal description of the bounds, or other government survey descriptitle insurance policy can provide this inform prepared by a title company. The Department	tion. A copy of the deed, land sales contract or nation, or you may submit a lot book report	
20	A completed Land-Use Form or receipt signed department officials. Date of signature must		
0	The map must meet all the minimum require	ments of OAR 690-310-0050.	
	O Township, Range, Section	O Location of main canals, ditches, pipelines or flumes	
	O 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.)	
	O Location of each diversion point well or dam by reference to a recognized public land survey corner	O North Directional Symbol	
	O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other	
	O Reference corner on map		
	O Each point of diversion coordinate		
0	Fees: Amount of water requested [] Amount of water requested	CES	
	Base Fee \$	Total Exam Fee \$ 500	
	1st CFS/AF	Total Paid \$ 750	
	Addtn'l @ =	Amount Due \$	

Date

Reviewed by