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

17689	1//
Application 6-17861 County Baker Priority Date	6/27/2013
Township <u>95</u> Range <u>40E</u> Section 2,3	4,10,11
Amount 3.44 Cts Use Irrigation 265 AC WM Dist #	8_
Applicant Name K Diamond Inc	
Receipt No	
Caseworker Assigned Kerry Kavanagh Mary Rohling	
Applicant/Organization Name, Mailing Address, and Telephone Number.	
All applicants or the applicant's authorized agent (include title or authority if for an organist sign the application in ink. Signature must be an original "wet" signature. Copie	
Source of water. If stored water, is the stored water component filed out, including a not agreement for stored water must be included. (ORS 537.400) NOTE: A surface water of be filed at the same time as a Reservoir or Alt Reservoir if it will be for the use of the stothe PROPOSED Reservoir application, Expedited Secondary(E2).	application cannot
If for stored water not under contract, is the source valid / Permit or Certificate issued Y List Permit or Certificate number	/ N
The proposed source is of is not (circle one) withdrawn from further appropriation. If it ORS 538, then return application and fees. If it is withdrawn by other means, accept the negative IR will be issued.	
Property ownership indicated.	
If applicant does not own all the land, the affected landowner=s name and maili	ng address must be listed.
If applicant does not own all the land, a signed statement declaring the existence authorization or an easement permitting access to land crossed by the proposed 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 Irruses)	igation together, is 2
Supplemental data sheets enclosed (if needed)	
Form M (Municipal or Quasi-Municipal)	
Spring Description Sheet (if source is a spring)	RECEIVED BY OWRD
	JUN 27 2013
	SALEM, OR

6-17689

É	Med ρ and ρ and ρ be form ρ to ρ and ρ and ρ are feet (AF)	
	Period of use	
K	Water management section (Please estimate if the water system has not been designed).	
NE	Resource Protection Section (N/A for Groundwater)	
/	Project schedule (If system is already completed, indicate "existing").	
N	Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir for all standard reservoir applications	
V	A map prepared by a CWRE for a standard reservoir application proposing to store more than 9.2 acre feet and having a dam height of more than 10 feet	
L	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. No 5000 page provided The map must meet all the minimum requirements of OAR 690-310-0050.	
U	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	
	3.44 M	
	Fees: Amount of water requested 2250	
	Base Fee \$ 1000 Total Exam Fees \$ 2000 1st CFS/AF \$ 250 = 250 Permit Recording Fees \$ 400	
3	Addtnl CFS/AF @ CW = 2002 Mitigation Fee \$	
	Reviewed by: Date: $\frac{\sqrt{2!(20!3)}}{\sqrt{2!(20!3)}}$	
	OK DOLO DE OFFICE DA	WRD
) $\sqrt{(28/20)^2}$ JUN 27 2013	1
	Groups\wr\Customer Servic\(\frac{1}{2}\) Group\templates\standard app checklist 9/5/2012 RECEIVED BY O $G = 17689$ SALEM, OR	

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 109182 725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 INVOICE #

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