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

Application S-87915 County Jackson Priority Date 24 Jun 2013
Township 398 Range 3w Section II
Amount 110 AF Use Irrigation & Livestak WM Dist # 13
Applicant Name Philip Scuderi, Jr., and Catherine Scuder
Receipt No. 189137
Caseworker Assigned Kerry Kavanagh
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).
List Permit or Certificate number $\frac{1-8967}{1-8968}$, $\frac{1-8968}{1-8698}$, $\frac{1-8698}{1-8668}$
The proposed source is or is not circle one) withdrawn from further appropriation. If it is withdrawn under ORS 538, then return application and fees. If it is withdrawn by other means, accept the application and a negative IR will be issued.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 (if source is a spring)

Amount of water from each source in gallons pe	r minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use 4/1-10/31	11045-
Water management section (Please estimate if t	he water system has not been designed).
Resource Protection Section (N/A for Groundw	rater)
Project schedule (If system is already completed	d, indicate "existing").
Preliminary plans and specifications including for all standard reservoir applications	dam height, width, crest width and surface area for each reservoir
having a dam height of more than 10 feet	ervoir application proposing to store more than 9.2 acre feet and
The Legal description includes a metes and bou	properties involved where water is diverted, crossed, and used. ands, or other government survey description. A copy of the cy can provide this information, or you may submit a lot book ment will not accept a copy of the tax bill.
be certain that the Land-Use form lists all land	nd dated by the appropriate planning department officials. Please is involved and all uses proposed. Date of signature must be in original "wet" signature. Copies cannot be accepted.
The map must meet all the minimum requiremen	nts of OAR 690-310-0050.
Township, Range, Section Location of main canals, ditches, pipelines Place of use, 1/4, 1/4=s and tax lot clearly in Even map scale not less than 4" = 1 mile (expected by Location of each diversion point, well or discovery corner. Multiple wells shall be uniquel existing. Reference corner on map North Directional Symbol Number of acres per 1/4, 1/4, if for irrigation of the content of the	identified example: 1" = 100 ft, 1" = 200 ft, etc.) am by reference to a recognized public land y labeled, and identified on well logs if on, nursery, or agriculture
☐ Fees: Amount of water requested 110	AF
Base Fee \$ 400	Total Exam Fees \$ 990.
1st CFS AF \$) 20. 25:500	Permit Recording Fees \$ 400.
Addtnl CFS (AF a) 1001 = 100 Addtnl POD/POA (a) = 100	Mitigation Fee \$ Total Paid \$ \$_391
Addtnl Use @	Amount Due \$ Amount Returned \$
Reviewed by:	Date: 407/203
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