Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537.400)

Application 016773	Township 5 A
Priority Date JAN 3 2007	Range 28 €
Use(s)	Section 34
Rate (1.025 CF)	POPLoc.
County UMAT	POU Loc.
Applicant/Organization Name, Mailing A ink.	ddress and Telephone Number, application signed in
Source of water. If stored water, is the stored expired agreement for stored water m	ored water component filed out, including a non- nust be included. (ORS 537.400)
Property ownership indicated. 57	ATES YES
O If applicant does not own all the 1 mailing address must be listed.	and, the affected landowner's name and
	and, a statement declaring the existence of either ent permitting access to land crossed by the rk must be submitted.
Groundwater development section (Page 2 report.	2, Section 3 and/or Page 3, Section 2) or a well log
O Proposed use of water. If supplemental, li	st primary water right acreage if applicable.
Enclosed Supplemental Form for each pro	posed use.
Form I (Irrigation)	Form M (Municipal or Quasi-Municipal)
O Form R (Mining)	Form Q (Commercial or Industrial)
O Spring Description Sheet	1.0
Amount of water from each source in gall or acre feet (AF)	ons per minute (GPM), cubic feet per second (CFS),
Period of use	

Resource Protection Section (Page 6, Section 5). Project schedule (If system is already completed, indicate "existing"). For reservoir applications stering more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required. If the above is statement is checked, the map must be propered by a CWKE. All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. You must include a Legal description of the property involved that 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 let book report prepared by a title company. The Department will not accept a copy of the tax bill. Accompleted Land-Use Form or receipt signed and dated by the appropriate planning department officials. Date of signature must be within the past 6 months. The system of the map must meet all the minimum requirements of OAR 690-310-0050. Township, Range, Section Township, Range of signature must be within the past 6 months. What is a submit of single part of the past 6 months. What is a submit of the past 6 months. The system of the past 6 months. The	G	Water management section (Please estimat	e if the water system has not been designed).
O For reservoir applications stering more than 9.2 acre feet, and a dam height of more than 10 feet, preliminary plans and specifications for dam and impoundment are required. O If the above is statement is checked, the map must be prepared by a CWRE. All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. You must include a Legal description of the property involved that 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. Date of signature must be within the past 6 months. The map must meet all the minimum requirements of OAR 690-310-0050. Township, Range, Section Tocation of main canals, ditches, pipelines or flumes O Flace of use, 1/4, 1/4's and tax lot clearly identified Tocation of each diversion point well or dam by reference to a recognized public land survey corner O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture O Reference corner on map Each point of diversion coordinate Fees: Amount of water requested Base Fee \$ Total Exam Fee \$ Total Exam Fee \$ Addtn'l @ Amount Due \$	G	Resource Protection Section (Page 6, Section	on 5).
feet, preliminary plans and specifications for dam and impoundment are required. O If the above is statement is checked, the map must be prepared by a CWRE. All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. O You must include a Legal description of the property involved that 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. Date of signature must be within the past 6 months. The map must meet all the minimum requirements of OAR 690-310-0050. Township, Range, Section Township, Range, Section O Tocation of main canals, ditches, pipelines or flumes O Flace of use, 1/4, 1/4's and tax lot clearly identified O Tocation of each diversion point well or dam by reference to a recognized public land survey corner O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture O Reference corner on map O Each point of diversion coordinate Fees: Amount of water requested Base Fee \$ Total Exam Fee \$ Addtn'l @ = Amount Due \$	40	Project schedule (If system is already comp	pleted, indicate "existing").
All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink. You must include a Legal description of the property involved that 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. Date of signature must be within the past 6 months. The symptomic strength of the past of months. The symptomic strength of the tax bill. The map must meet all the minimum requirements of OAR 690-310-0050. Township, Range, Section O Location of main canals, ditches, pipelines or flumes or flumes O Flace 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.) North Directional Symbol North Directional Symbol North Directional Symbol O Other irrigation, nursery, or agriculture O Reference corner on map O Each point of diversion coordinate Fees: Amount of water requested Base Fee \$ 1st CFS/AF Addtn'l @ = Amount Due \$	0		
corporation), must sign the application in ink. You must include a Legal description of the property involved that 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. Date of signature must be within the past 6 months. The map must meet all the minimum requirements of OAR 690-310-0050. Township, Range, Section Tocation of main canals, ditches, pipelines or flumes Feven map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) North Directional Symbol Total Exam Fee \$ 1st CFS/AF Addtn'l @ = Amount Due \$		O If the above is statement is checked, the	e map must be prepared by a CWRE.
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. Date of signature must be within the past 6 months. The map must meet all the minimum requirements of OAR 690-310-0050. Township, Range, Section Township, Range, Sect	LO		· · · · · · · · · · · · · · · · · · ·
The map must meet all the minimum requirements of OAR 690-310-0050. Township, Range, Section Tocation of main canals, ditches, pipelines or flumes Tocation of each diversion point well or dam by reference to a recognized public land survey corner Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture Reference corner on map Rase Fee \$ 1st CFS/AF Addtn'l @ = Total Paid \$ Amount Due \$	0	bounds, or other government survey descriptitle insurance policy can provide this infor-	ption. A copy of the deed, land sales contract or mation, or you may submit a lot book report
Township, Range, Section O Flace of use, 1/4, 1/4's and tax lot clearly identified O Tocation of each diversion point well or dam by reference to a recognized public land survey corner O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture O Reference corner on map O Each point of diversion coordinate Base Fee \$ 1st CFS/AF Addtn'1 @ = Amount Due \$ O Location of main canals, ditches, pipelines or flumes O Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) O Other			
or flumes OPlace of use, 1/4, 1/4's and tax lot clearly identified OCCUPIED COLOR TO THE COLOR	O		
clearly identified (example: 1 n = 100 ft, 1 = 200 ft, etc.) Contaction of each diversion point well or dam by reference to a recognized public land survey corner Consumber of acres per 1/4, 1/4, if irrigation, nursery, or agriculture Conserved Reference corner on map Conserved Each point of diversion coordinate Base Fee \$ Total Exam Fee \$ Total Paid \$ Amount Due \$		Township, Range, Section	
well or dam by reference to a recognized public land survey corner O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture O Reference corner on map Each point of diversion coordinate Base Fee \$ Total Exam Fee \$ Addtn'l @ = Amount Due \$			
irrigation, nursery, or agriculture Concerned Reference corner on map Concerned Each point of diversion coordinate Fees: Amount of water requested Base Fee \$ Total Exam Fee \$ 500 1st CFS/AF Total Paid \$ 750 Addtn'l @ = Amount Due \$		well or dam by reference to a recognized	O North Directional Symbol
Each point of diversion coordinate Fees: Amount of water requested		•	O Other
Base Fee \$ Total Exam Fee \$ 500 1st CFS/AF Total Paid \$ 750 Addtn'l @ = Amount Due \$		CO Reference corner on map	
Base Fee \$ Total Exam Fee \$ 500 1st CFS/AF Total Paid \$ 750 Addtn'l @ = Amount Due \$		Each point of diversion coordinate	
1st CFS/AF Total Paid \$ 750 Addtn'l @ = Amount Due \$	K	Fees: Amount of water requested	025 CF3
Addtn'l @ = Amount Due \$		Base Fee \$	Total Exam Fee \$ 500
		1st CFS/AF	Total Paid \$ 750
Reviewed by ATM Date TAN 4 2007		Addtn'l @ =	
2		Reviewed by	Date 14 2007
2			
2			
2			
			2
	•		