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

Application 6	Township	123	>	
Priority Date JAN 5 Zan	7 Range	130	6	
Use(s) IRRIG	_ Section	5 26	35	56
Rate 4.375 CF.	POP Loc.	SEE M	vi?	
County HARNEY	POU Loc	555	MAP	
Applicant/Organization Name, Maink.	iling Address and Tele	phone Number, appl	ication signe	l in
Source of water. If stored water, is expired agreement for stored			iding a non-	
Property ownership indicated.				
O If applicant does not own a mailing address must be l		l landowner's name a	and	
O If applicant does not own a written authorization or a proposed ditch canal or of	n easement permitting a	ccess to land crossed		
Groundwater development section report.	(Page 2, Section 3 and/	or Page 3, Section 2)) or a well log	7
Proposed use of water. If supplement	ental, list primary water	right acreage if app	licable.	
Enclosed Supplemental Form for e	each proposed use.			
Form I (Irrigation)	O Form M (Muni	cipal or Quasi-Muni	cipal)	
O Form R (Mining)	O Form Q (Comn	nercial or Industrial)		
O Spring Description Sheet				
Amount of water from each source or acre feet (AF)	in gallons per minute ((GPM), cubic feet pe	er second (CF	'S),
Period of use				

6 I	Resource Protection Section (Page 6, Section	-	
	halast askadisla (If mistans is also adv. asmal	atad indicate floristinally	
OF	roject schedule (If system is already compl	eted, indicate existing).	
	or reservoir applications storing more than eet, preliminary plans and specifications for	9.2 acre feet, and a dam height of more than 10 r dam and impoundment are required.	
. (If the above is statement is checked, the	map must be prepared by a CWRE.	
	Il applicants (or the authorized agent with to orporation), must sign the application in inl	100 cm man and the second control of the control of	
t t	ounds, or other government survey descript	property involved that includes a metes and tion. A copy of the deed, land sales contract or nation, or you may submit a lot book report at will not accept a copy of the tax bill.	
	completed Land-Use Form or receipt signe epartment officials. Date of signature must		
LOT	he map must meet all the minimum requirer	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		
COF	ees: Amount of water requested	4.375 OF S	
	Base Fee \$	Total Exam Fee \$ 900	
	1st CFS/AF	Total Paid \$ 900	
•	Addtn'l @ =	Amount Due \$ 6 × 11	!
	Reviewed by	Date	
		2	