E-2

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

This is the checklist used by WRD staff

Yes No

Application G-18002 County Malheur Priority Date 19-FEB-15							
Township 185 Range 41E Section 25, 26,35							
Amount 3.11 Cfs Use Sup. Terigation WM Dist. # 9							
Applicant Name William L. & Cindy R. Romans							
Receipt No. 114948 / Caseworker Assigned: Barbe Kim Kerri							
Contact info: Applicant/Organization Name and Mailing Address							
Signature (in ink) of <i>all</i> applicants or the applicant's authorized agent (include title or authority if for an organization or corporation).							
Property ownership: Does the applicant own all the land for the proposed project? If No:							
The affected landowner's name and mailing address must be listed							
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.							
For a SW Application: Source of water must be indicated.							
If the source is stored water, is the stored water component filled out and does the applicant own the reservoir or include a non-expired agreement for stored water? (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, Exp. Secondary (E2).							
If for stored water not under contract, is the source authorized under a permit, certificate, or decree?							
Permit or Certificate issued? Y / N Permit or Certificate #							
For a GW Application: Well Development Tables completed and/or a well log report included (if existing)							
Proposed water use							
Amount of water from <i>each</i> source in GPM, CFS, or AF Period of use indicated							
Yf for supplemental irrigation, primary acreage or underlying permit or certificate number listed (Primary and Supplemental Irrigation counts as 2 uses)							
Water Management Section (Estimates if the water system has not been designed)							
Resource Protection Section (N/A for Groundwater)							
For all standard reservoir applications: Preliminary plans and specifications including dam height, width, crest width and surface area for each reservoir.							
Project schedule (If system is already completed, indicate "existing.")							

ф	Supplemental data sheets enclosed (if neede	ed)							
,	Form M (Municipal or Quasi-Municipal or Spring Description Sheet (if source is	-							
<u> </u>	A completed Land-Use Form or receipt sig Rlease be certain that the Land-Use form lis be within the past 12 months.	•		•					
⊡ (A Legal Description of all the properties in description includes a metes and bounds or sales contract or title insurance policy can prepared by a title company. Copies of tax be	other governmen rovide this inforn	t survey description. A conation, or applicant may s	ppy of the deed, land					
	The proposed source <u>IS / IS NOT</u> (circle on NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR with	hen return applic							
	The map must meet all the minimum requir	rements of OAR	690-310-0050.						
	Township, Range, Section Location of main canals, ditches, pipelines or flumes (if POA/POD is outside of POU) Place of use, ¼-¼'s and tax lot clearly identified Even map scale not less than 4" = 1 mile (1"= 1320 ft.); examples: 1" = 100 ft., 1" = 200 ft. 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 ¼-¼ if for irrigation, nursery, or agriculture For a standard reservoir application to store ≥ 9.2 acre feet AND having a dam height ≥ 10 feet, map must be prepared by a CWRE								
	Fees: Base Fee 1st CFS @ \$300 add'1 CFS @ \$300 ea AF up to 20 AF @ \$30 ea add'1 AF @ \$1 ea add'1 Xpod/poa □ use @ ea add'1 res @ \$125 ea	\$ 1150 \$ 300 \$ 900 \$ \$ 300 \$	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid	\$ 450 \$ \$ 450					
	Exam Fee Total Exam Fee Paid	\$ 2 8 50 \$	Amount Returned	\$ <u>310</u> 0					
Rev	iewed by: JEFFREY	Date: _	19-FEB-15						

STATE OF OREGON

WATER RESOURCES DEPARTMENT

RECEIPT # 114948

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172

INVOICE # ____

TRANSFER			(503) 986-0900 /	(503) 986-0904 (fa	ax)	
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