E-2 Standard Application Completeness Check	list
Yes No Minimum Requirements (OAR 690-310-0040)(ORS 537.400) This is the checklist used by WRD staff	
Application 5-88075County DouglousPriority Date 27Township 265Range 6WSection 23	-Apr-15
Amount <u>01 cfs</u> Use Domestic EXP. WM	
Applicant Name Scott & Cindy Mc Ginnis	
Receipt No. 115657 Caseworker Assigned: \Box Barbe \Box Kim ΔC	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 author organization or corporation).	rity if for an
\square Property ownership: Does the applicant own all the land for the proposed project?)/ N
If No:	
\square The affected landowner's name and mailing address must be listed	
A signed statement declaring the existence of either written authorization or an easen access to land crossed by the proposed ditch canal or other work must be submitted.	nent permitting
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 appreservoir 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 A will be for the use of the stored water under the PROPOSED Reservoir application, Exp	Alt Reservoir if it
\mathbf{p} K If for stored water not under contract, is the source authorized under a permit, certific	cate, or decree?
Permit or Certificate issued? <u>Y / N</u> Permit or Certificate #	an a tha an
For a GW Application: Well Development Tables completed and/or a well log report include	ded (if existing)
Proposed water use	
Amount of water from <i>each</i> source in GPM, CFS, or AF	
Period of use indicated	nbar listad
(Primary and Supplemental Irrigation counts as 2 uses)	inder fisted
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 crest width and surface area for each reservoir.	i height, width,
Project schedule (If system is already completed, indicate "existing.")	

Supplemental data sheets enclosed (if needed)

Form M (Municipal or Quasi-Municipal) Spring Description Sheet (if source is a spring)

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.

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 applicant may submit a lot book report prepared by a title company. Copies of tax bills are not acceptable.

The proposed source IS / S NOT (circle one) restricted or withdrawn from further appropriation. NOTE: 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.

The map prust meet all the minimum requirements of OAR 690-310-0050. Ø

- Township, Range, Section
- **P** 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
- E 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

H North Directional Symbol

MrNumber of acres per 14-14 if for irrigation, nursery, or agriculture

 \square For a standard reservoir application to store \geq 9.2 acre feet AND having a dam height \geq 10 feet, map must be prepared by a CWRE

ď	Fees:			
	Base Fee	s_800	Permit Recording Fees	5450
	1 st CFS @ <u>\$300</u>	5 300	Mitigation Fee	S
	add'l CFS @ <u>\$300 ea</u>	\$		
	AF up to 20 AF @ <u>\$30 ea</u>	S	Rec Fee Total	s
	add`l AF @ <u>\$1 ea</u>	S	Rec Fee Paid	\$
	add'l 🗆 pod/poa 🗆 use @ ea	S		
	add'1 res @ <u>\$125 ea</u>	\$		
	Exam Fee Total	5 1100		
	Exam Fee Paid	S		
			Amount Returned	s 1550
Re	viewed by:	Date:	28-Apr-15	

C.L. McGinnis PERMIT H: CHECK# OTHER: (IDENTIFY) TRANSFER IOB3 TREASURY 4170 WRD MISC CASH ACCT 0407 COPIES \$ \$ OTHER: (IDENTIFY) \$ \$ 0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water \$ 0243 I/S Lease 0244 Muni Water Mgmt. Plan 0245 Cons. Water \$ 0407 COPY & TAPE FEES \$ \$ \$ 0407 COPY & TAPE FEES \$ \$ \$ 0408 MISC REVENUE: (IDENTIFY) \$ \$ \$ 0240 EXTENSION OF TIME \$ \$ \$ \$ \$ 0201 SURFACE WATER \$	EIPT #	11565		DR 97301-4172 / (503) 986-0904 (fa	INVOICE #	
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