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

	Application 86784	Township
	Priority Date 1-29- 2007	Range 5 W
	Use(s) 2 Dom + IRRIG	Section Z8
	Rate 9 AF	POD Loc. 2 Km/ Km/
	County Polic	POU Loc. ~~~
6	Applicant/Organization Name, Mailing A ink.	Address and Telephone Number, application signed in
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)		
Property ownership indicated.		
	O If applicant does not own all the mailing address must be listed.	land, the affected landowner's name and
O If applicant does not own all the land, a 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.		
	report.	2, Section 3 and/or Page 3, Section 2) or a well log
Proposed use of water. If supplemental, list primary water right acreage if applicable.		
Enclosed Supplemental Form for each proposed use.		
	Form I (Irrigation)	Form M (Municipal or Quasi-Municipal)
	O Form R (Mining)	Form Q (Commercial or Industrial)
	O Spring Description Sheet	
L	Amount of water from each source in gal or acre feet (AF)	llons per minute (GPM), cubic feet per second (CFS),
L	Period of use	

Water management section (Please estimate	if the water system has not been designed).	
Resource Protection Section (Page 6, Section	on 5).	
Project schedule (If system is already completed, indicate "existing").		
Project schedule (if system is already compl	leted, indicate existing j.	
For reservoir applications storing 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 to corporation), must sign the application in in		
You must include a Legal description of the bounds, or other government survey descriptitle insurance policy can provide this inform prepared by a title company. The Department	nation. A copy of the deed, land sales contract or nation, or you may submit a lot book report	
A completed Land-Use Form or receipt signed department officials. Date of signature must		
The map must meet all the minimum require	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 /1K1/ @ 300 F-7	
O Reference corner on map		
O Each point of diversion coordinate		
Fees: Amount of water requested	AF	
Base Fee \$	Total Exam Fee \$	
1st CFS/AF	Total Exam Fee \$ 285 Total Paid \$ 285 + 250	
=	Amount Due \$	
Reviewed by 7/1/1	Date	
	EXAM & RECEPTION	