## STATE OF OREGON

## WATER RESOURCES DEPARTMENT

RECEIPT # 121985

725 Summer St. N.E. Ste. A SALEM, OR 97301-4172 (503) 986-0900 / (503) 986-0904 (fax)

INVOICE # \_\_\_\_\_

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Ground Work Minimum Requirements (OAR 690-310-0040)(ORS 537,400) This is the checklist used by WRD staff Application 6-18412 County Lake County Priority Date 11.28.16 Range ME Township 37 WM Dist. #\_12 Amount 2.77 45 Use Supp. IVV. Applicant Name Dun r Lauvita Mille Receipt No. 1219 85 ☐ Lisa Contact info: Applicant/Organization Name and Mailing Address Signature (in ink) of all 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. (Nor 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 mount of water from each source in GPM, CFS, or AF Period of use indicated If 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, est width and surface area for each reservoir. Project schedule (If system is already completed, indicate "existing.")

**Standard Application Completeness Checklist** 

E-2

A	supplemental data sheets enclosed (if neede	d)								
(191)	Form M (Municipal or Quasi-Munici	pal)								
( /	☐ Spring Description Sheet (if source is	s a spring)								
Ø	A completed <b>Land-Use Form</b> 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 <b>Legal Description</b> 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 repared by a title company. Copies of tax bills are not acceptable.									
	the proposed source <u>IS / IS NOT</u> (circle o NOTE: If it is withdrawn under ORS 538, the accept the application and a negative IR will	en return applica								
ø	The <b>map</b> must meet all the minimum require	ements of OAR 6	590-310-0050.							
	Township, Range, Section  Location of main canals, ditches, pipe Place of use, ¼-¼'s and tax lot clearly Even map scale not less than 4" = 1 maps and diversion point, we will be uniquely labely Reference corner on map North Directional Symbol Number of acres per ¼-¼ if for irrigation to must be prepared by a CWRE	y identified mile (1"= 1320 ft II or dam by refer led, and identified	); examples: 1" = 100 ft. rence to a recognized pub d on well logs if existing agriculture	, 1" = 200 ft. blic land survey corner.						
	Fees: (thursdown).  Base Fee  1' CFS @ \$300  _add'1 CFS @ \$300 ea  _AF up to 20 AF @ \$30 ea  _add'1 AF @ \$1 ea  _add'1 Dpod/poa Duse @ea  add'1 res @ \$125 ea  Exam Fee Total  Exam Fee Paid	\$ \$ \$ \$ \$ \$ \$ \$	Permit Recording Fees Mitigation Fee Rec Fee Total Rec Fee Paid  Total Fees Paid	S S S S						
D	iewed hy	Divi	Amount Due	\$						