E-2 Minimum Requirements (OAR 690-310-0040)(ORS 537.400)
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Application S-88433 — County Roll— Priority Date 7.17. T.
Township 103 Range 6W Section 6
Amount 3.0 AF Use IVVigation Porus diamin. WM Dist. # 16 -
Applicant Name Aspen bural land Consulting for Mary Stoon
Receipt No
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 Y/N 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)(ORS 537.147).
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 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, crest width and surface area for each reservoir.
Project schedule (If system is already completed, indicate "existing.")
Groups wr Customer Service Group templates standard app checklist 2/17/2017 AM

Supplemental data sheets enclo	osed (if needed)		
Form M (Municipal or Spring Description She	Quasi-Municipal)		
A completed Land-Use Form Please be certain that the Land be within the past 12 months.	or receipt signed and dated b	y the appropriate planning olved and all uses proposed	department officials. d. Date of signature must
A Legal Description of all the description includes a metes ar sales contract or title insurance prepared by a title company. C	nd bounds or other government policy can provide this infor	nt survey description. A comation, or applicant may s	py of the deed, land
The proposed source <u>IS / IS N</u> NOTE: If it is withdrawn unde accept the application and a n	r ORS 538, then return appli		
The map must meet all the mi	nimum requirements of OAR	690-310-0050.	
Place of use, ¼-¼'s and	s, ditches, pipelines or flumes d tax lot clearly identified		
Location of each diverse Multiple wells shall be Reference corner on m.	•	erence to a recognized pub	olic land survey corner.
North Directional Sym Number of acres per 14	bol -!4 if for irrigation, nursery, c	or agriculture	
, \	r application to store ≥ 9.2 as	•	n height≥10 feet, map
Fees:			
Base Fee 1" CFS @ <u>\$300</u>	\$ \ \$ \	Permit Recording Fees Mitigation Fee	S
add'1 CFS @ <u>\$300 ea</u> AF up to 20 AF @ <u>\$30</u> add'1 AF @ <u>\$1 ea</u> add'1pod/poause @add'1 res @ <u>\$125 ea</u>	\$	Rec Fee Total Rec Fee Paid	\$ \$
Exam Fee Total Exam Fee Paid	, S S	Total Fees Paid Amount Due	5 not me. 5 1945
Reviewed by:		7.31.17	
Accepting is an S, In	ut is really an E	E2. (Requested	1781 Whn). Check
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