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E-2 Standard Application Completeness Checklist	
Yes No For use with Groundwater and Surface Water Applications Only Minimum Requirements (OAR 690-310-0040) (ORS 537.400) For use by WRD staff only	
Application G-18766 County Marion Priority Date 11 28 2018	
Township Range Section Section 28, 29, 32, 33	
Amount 1.63 cfs Use Nursery WM Dist. # 16	-
Applicant Name JLPN Inc. c/o Jereny Powell -	
Receipt No. 128583 Caseworker Assigned: \Box Barbe \Box Kim -1 Lisa \Box Scott	
Applicant/Organization Name and Mailing Address	
Signature of <i>all</i> applicants (include title or authority of representative if applicant is an organization or corporation). *Applicant's agent may NOT sign application.	
Property Ownership: Does the applicant own all the land for the proposed project? $X \square N$	
If No:	
□ The affected landowner's name(s) and mailing address(s) 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 <u>must</u> be submitted.	
AFor 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 $\Box Y \Box N$ Permit or Certificate #	
<i>For a GW Application</i> : Well Development Tables completed and/or a well log report included (if existing)	
Division 33, Public Interest Information (Sensitive, Threatened, Endangered, Fish Species)	
Proposed Water Use	
Amount of water from <i>each</i> 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 (<i>Estimates if the water system has not been designed</i>)	
Resource Protection Section	
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. <u>Copies of tax bills are not acceptable.</u>

The proposed source <u>IS / IS NOT</u> (circle one) restricted or withdrawn from further appropriation. *NOTE: If it is withdrawn under ORS 538, return application and fees.*

□ The **map** must meet all the minimum requirements 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, 1/4-1/4'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.

C Location of *each* diversion point or well 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 1/4 1/4 if for irrigation, nursery, or agriculture

Fees: Print out from Fee Calculator

Total Fees
Fee Paid
Amount Due

\$2,910	-
\$2,390	-
\$520.00)

Reviewed by: _____ Date: 11/22/18