

# Standard Application Completeness Checklist

Minimum Requirements (OAR 690-310-0040) (ORS 537.400)

Application <u>G 16795</u>	Township <u>SEE MAP</u>
Priority Date <u>FEB 8, 2007</u>	Range <u>SEE MAP</u>
Use(s) <u>NURSERY</u>	Section <u>SEE MAP</u>
Rate <u>0.056 CFS</u>	POU Loc. <u>SEE MAP</u>
County <u>CLACK</u>	POU Loc. <u>SEE MAP</u>

Applicant/Organization Name, Mailing Address and Telephone Number, application signed in ink.

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.

If applicant does not own all the land, the affected landowner's name and mailing address must be listed.

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.

Groundwater development section (Page 2, Section 3 and/or Page 3, Section 2) or a well log report.

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)

Form R (Mining)

Form Q (Commercial or Industrial)

Spring Description Sheet

Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)

Period of use

- Water management section (Please estimate if the water system has not been designed).
- Resource Protection Section (Page 6, Section 5).
- Project schedule (If system is already completed, indicate "existing").
- 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.
- If the above is statement is checked, the map must be prepared by a CWRE.
- All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.
- You must include a Legal description of the property involved that 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 you may submit a lot book report prepared by a title company. The Department will not accept a copy of the tax bill.

A completed Land-Use Form or receipt signed and dated by the appropriate planning department officials. *Date of signature must be within the past 6 months.* CLACK CITY  
TO BE FAXED

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

- |  |   |
|--|---|
| <input type="checkbox"/> Township, Range, Section  | <input type="checkbox"/> Location of main canals, ditches, pipelines or flumes                              |
| <input type="checkbox"/> Place of use, 1/4, 1/4's and tax lot clearly identified   | <input type="checkbox"/> Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.) |
| <input type="checkbox"/> Location of each diversion point well or dam by reference to a recognized public land survey corner | <input type="checkbox"/> North Directional Symbol   |
| <input type="checkbox"/> Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture                                | <input type="checkbox"/> Other <u>CWRE</u><br><u>GREG KAGULAS</u>   |
| <input type="checkbox"/> Reference corner on map   |   |
| <input type="checkbox"/> Each point of diversion coordinate  |   |

Fees: Amount of water requested 0.056 CFS

Base Fee \$ _____	Total Exam Fee \$ <u>500</u>
1st CFS/AF _____	Total Paid \$ <u>500</u>
_____ Addn'l @ _____ = _____	Amount Due \$ _____
Reviewed by <u>RJM</u>	Date <u>FEB 8, 2007</u>