## Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537.400)

Application <u>G-16842</u>	Township 65
Priority Date 4-30-07	Range 2 W
Use(s) IRMG	Section
Rate 2.0 CFS	POD Loc. SWSE
County MARION	POU Loc.
Applicant/Organization Name, Mailin ink.	ng Address and Telephone Number, application signed in
•	e stored water component filed out, including a non-
expired agreement for stored wat	ter must be included. (ORS 537.400)
Property ownership indicated.	
2 1 opersy of marionsp marions	
O If applicant does not own all t mailing address must be liste	the land, the affected landowner's name and ed.
	the land, a statement declaring the existence of either assement permitting access to land crossed by the r work must be submitted.
Groundwater development section (Pareport.	age 2, Section 3 and/or Page 3, Section 2) or a well log well
Proposed use of water. If supplements	al, list primary water right acreage if applicable.
Enclosed Supplemental Form for each	n proposed use.
Form I (Irrigation)	O Form M (Municipal or Quasi-Municipal)
O Form R (Mining)	O Form Q (Commercial or Industrial)
O Spring Description Sheet	
Amount of water from each source in or acre feet (AF)	gallons per minute (GPM), cubic feet per second (CFS), and cf
Period of use June 1-	- Sept

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Q	Water management section (Please estimate if the water system has not been designed).		
O	Resource Protection Section (Page 6, Section 5).		
Ø	Project schedule (If system is already completed, indicate "existing").		
JA	For reservoir applications storing more than feet, preliminary plans and specifications for	n 9.2 acre feet, and a dam height of more than 10 or dam and impoundment are required.	
	O If the above is statement is checked, the	e map must be prepared by a CWRE.	
Ø	All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.		
ø	bounds, or other government survey descrip	property involved that includes a metes and otion. A copy of the deed, land sales contract or mation, or you may submit a lot book report on will not accept a copy of the tax bill.	
ø	A completed Land-Use Form or receipt sign department officials. Date of signature mus		
Ø	The map must meet all the minimum require	ements of OAR 690-310-0050.	
	Township, Range, Section	Location of main canals, ditches, pipelines or flumes	
	Place of use, 1/4, 1/4's and tax lot clearly identified	Even map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)	
	Location of each diversion point well or dam by reference to a recognized public land survey corner	North Directional Symbol	
	O Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other	
	Reference corner on map		
	Each point of diversion coordinate		
0	Fees: Amount of water requested	2.0 cf3	
	Base Fee \$ 300	Total Exam Fee \$ 600	
	(st CFS)AF 200	Total Paid \$ 600	
· ·	Addtn'l @ \$100 = 100	Amount Due \$	
	Reviewed by Kharman	Date 4-30-07	
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