## INDIAN ROCK HOMEOWNERS

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

Application 6-16857 Township 165	
Priority Date <u>5-21-07</u> Range <u>17E</u>	
11000 RM Souther 32 429	:
Rate 1.0 cf3 POD Loc. 5WSW Suc 29 d NWNESec 3	<b>2</b> .
County_ CROOK POU Loc. 32	
	•
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)	S
expired agreement for stored water must be included. (ORS 537.400)  CROO 52379  CROO 52379  CROO 52379	
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.	16.0
O Form I (Irrigation) Form M (Municipal or Quasi-Municipal)	(
O Form R (Mining) O Form Q (Commercial or Industrial)	
O Spring Description Sheet	
O Amount of water from each source in gallons per minute (GPM), cubic feet per second (CFS),	cf
or acre feet (AF)	
Period of use Jm - Dec	

Water management section (Please estima	te if the water system has not been designed).
O Resource Protection Section (Page 6, Sect	ion 5).
Project schedule (If system is already com	pleted, indicate "existing").
O For reservoir applications storing more that feet, preliminary plans and specifications	an 9.2 acre feet, and a dam height of more than 10 for dam and impoundment are required.
O If the above is statement is checked, the	ne map must be prepared by a CWRE.
All applicants (or the authorized agent with corporation), must sign the application in	
bounds, or other government survey descri	e property involved that includes a metes and iption. A copy of the deed, land sales contract or rmation, or you may submit a lot book report ent will not accept a copy of the tax bill.
A completed Land-Use Form or receipt sig department officials. Date of signature mu	
The map must meet all the minimum require	rements of OAR 690-310-0050.
Township, Range, Section	O 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	
Fees: Amount of water requested	1.0 cf3
Base Fee \$ 300	Total Exam Fee \$ 500
1 CFS/AF 700	Total Paid \$ 750
Addtn'l @ =	Amount Due \$
Reviewed by Kannag	Date 5-22-07
201201104107	

John Short, Deschutes Imgahan, LLC