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

Application G 16866	Township Z N
Priority Date June 1 200	7 Range 12 €
Use(s) IRRIG	Section 36
Rate 0.1173 CFS 52.64	POPLOC. Sw SE
County \~AFCO	POULoc. SEE MAP
ink.	Address and Telephone Number, application signed in stored water component filed out, including a non-remust be included. (ORS 537.400)
Property ownership indicated.	
O If applicant does not own all the mailing address must be listed.	e land, the affected landowner's name and
	e land, a statement declaring the existence of either ement permitting access to land crossed by the work must be submitted.
Groundwater development section (Pagreport.	e 2, Section 3 and/or Page 3, Section 2) or a well log
Proposed use of water. If supplemental,	, list primary water right acreage if applicable.
Enclosed Supplemental Form for each p	proposed use.
LO Form I (Irrigation)	O Form M (Municipal or Quasi-Municipal)
O Form R (Mining)	O Form Q (Commercial or Industrial)
o rom k (kiming)	
O Spring Description Sheet	
O Spring Description Sheet	gallons per minute (GPM), cubic feet per second (CFS),

Water management section (Please estimat	e if the water system has not been designed).
Resource Protection Section (Page 6, Section	on 5).
Project schedule (If system is already comp	pleted, indicate "existing").
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.
All applicants (or the authorized agent with corporation), must sign the application in in	
bounds, or other government survey descrip	property involved that includes a metes and ption. A copy of the deed, land sales contract or mation, 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 sign department officials. Date of signature must	st be within the past 6 months.
The map must meet all the minimum require	
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	O North Directional Symbol
Number of acres per 1/4, 1/4, if irrigation, nursery, or agriculture	O Other ASST BT
Reference corner on map	
Each point of diversion coordinate	
Fees: Amount of water requested 4.117	13. FS GTM
Base Fee \$	Total Exam Fee \$
1st CFS/AF	Total Paid \$
Addtn'l @ =	
Adduit @	Amount Due \$