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

8-16943 2115
Application C/ 10073 Township 79
Priority Date 4-30-07 Range 32/2E
Use(s)
Rate 4.3 CFS POD Loc. 7 Wells
County HAKNEY POULoc. ALL
 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.
O If applicant does not own all the land, the affected landowner's name and mailing address must be listed.
O 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.
Toroundwater 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.
O Enclosed Supplemental Form for each proposed use.
O 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 gallons per minute (GPM), cubic feet per second (CFS), or acre feet (AF)
Period of use Mar 1-0cf 31
247.7 acres

Water management section (Please estimate if the water system has not been designed).	
O 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 feet, preliminary plans and specifications for dam and impoundment are required.	10
O 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 of 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.	0
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.	
The map must meet all the minimum requirements of OAR 690-310-0050.	
Township, Range, Section O Location of main canals, ditches, pipelin or flumes	es
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	
Number of acres per 1/4, 1/4, if O Other	- -
Reference corner on map	•
\mathscr{S} Each point of diversion coordinate -7 wells	
O Fees: Amount of water requested 4.3 cf3	
U.3 d Base Fee \$ 300 Total Exam Fee \$ 900	
1st CFS/AF 200 Total Paid \$ 700	
$\frac{4}{4} \text{ Addtn'l } @ \frac{9}{4} = \frac{400}{4} $ Amount Due \$	
Reviewed by A Ammag Date 4-30-07	

Place of use 2