Standard Application Completeness Checklist Minimum Requirements (OAR 690-310-0040) (ORS 537,400)

Application 6-10852	Township	NH.	
Priority Date May 17,2007	Range	35E	
Uso(s) imgation	Section	13	
Rate 20 apm	POD Loc.	HW114 BULLYUNG	
County umatilla	POU Loc	NW14	
<u> </u>			•
Applicant/Organization Name, Mailing ink. Source of water. If stored water, is the expired agreement for stored water	stored water con	nponent filed out, including a no	
Property ownership indicated. UMA+	4564		
O If applicant does not own all the mailing address must be listed.		ed landowner's name and	
. manning address must be inseed	•		
O If applicant does not own all the written authorization or an ease proposed ditch canal or other v	e land, a stateme ement permitting	access to land crossed by the	her
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O If applicant does not own all the written authorization or an ease proposed ditch canal or other voter of Groundwater development section (Page	e land, a statemer ement permitting work must be sub te 2, Section 3 and	access to land crossed by the mitted. d/or Page 3, Section 2) or a wel	l log
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Ø	Water management section (Please estimate if the water system has not been designed).
ø	Resource Protection Section (Page 6, Section 5).
Ò	Project schedule (If system is already completed, indicate "existing").
MO	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.
	O If the above is statement is checked, the map must be prepared by a CWRB.
ø	All applicants (or the authorized agent with title or authority if for an organization or corporation), must sign the application in ink.
ø	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.
9	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.
0	The map must meet all the minimum requirements 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 Seven map scale not less than 4" = 1 mile (example: 1" = 100 ft, 1" = 200 ft, etc.)
	O Location of each diversion point North Directional Symbol well or dam by reference to a recognized public land survey corner ? + amt www
•	O Number of acres per 1/4, 1/4, if work O Other irrigation, nursery, or agriculture
	O Reference corner on map ? beed to lake # of auces on maps
	O Each point of diversion coordinate 2
ø	Fees: Amount of water requested 20 gpm (+ Dank) it is.
	Base Fee \$ 300 Total Exam Fee \$ 500
	1st CFS/AF 200 Total Paid \$
٠.	Addtn'l @ = Amount Due \$
	Reviewed by augma more Date 5/10/07