SURVEYOR'S OFFICE
RECORD OF SURVEY CHECK LIST (ORS 209.250)

SURVEY TRACKING # ______________________________________

SUBMITTAL DATE: ___________________ CHECKED IN BY ______________________
SURVEYOR: ________________________ LS# ______ COMPANY ______________________

CLIENT _______________________________________________________________

LOCATION: T  R  Sec.  QRT ______________

SubDiv ________________________________________________

CKD. BY: ________________________________________________

A. NARRATIVE: (IF SEPARATE DOCUMENT)
   Map and narrative referenced to each other
   Permanent nature on stable base material
   Size = 8 1/2 x 11
   Location by Township, Range, Section & 1/4 Section
   Location by lot, block and subdivision (if applicable)
   Date of survey
   Surveyor's seal, renewal date, business name and address
   Plus all of section (b)

B. NARRATIVE: (ON MAP)
   Purpose of survey
   Basis on which lines were used to establish control
   Which found survey monuments controlled
   Deed records and elements used
   Survey records used
   Partition records used
   Subdivision records used
   Road records used

C. SURVEY MAP:
   Location by Township, Range, Section and 1/4 Section
   Location by lot, block and subdivision (if applicable)
   Date, scale, north point
   Surveyor's seal, renewal date, business name and address
   Basis of bearings on map
   Course and distance of all lines traced or established
   Course and distance to a 1/16, 1/4 or section corner or to monumented lot corner of a
   recorded subdivision or condominium or parcel corner of partition
   Record vs. measured bearings, angles and distances
   Detailed description of monuments found
   Detailed description of monuments set and marked or tagged with business name or PLS #
   Find or make change to any 1/4 or section corner or accessories and file original
   Oregon Corner Restoration Record (OCRR form at Deschutes County Surveyor's Office)
   Lettering of such size & clarity to be clearly reproduced
   Map of permanent reproducible material, 4 mil. mylar or better

Approved for filing □
By ________________________________

REVIEW FEE ____________________
PAID BY _______________________
CHECK NO. ____________________
RECEIPT NO. ____________________
Date Filed ______________________
CS NO. ________________________