



Oregon Water Resources Department

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JUN 29 2007

WATER RESOURCES DEPT  
SALEM, OREGON

FORM I

FOR IRRIGATION WATER USE

1. Please indicate whether you are requesting a primary or supplemental irrigation water right.

☒ Primary    ☐ Supplemental

If supplemental, please indicate the number of acres that will be irrigated for each type of use.

Primary:            38.8            Acres

Secondary:        0.0            Acres

List the permit or certificate number of the primary water right:

No. NA

2. Please list the anticipated crops you will grow and whether you will be irrigating them for a full or partial season:

- |                                             |                                                 |                                                                |
|---------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|
| 1. <u>Year-round for Nursery Operations</u> | <input checked="" type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 2. _____                                    | <input type="checkbox"/> Full season            | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 3. _____                                    | <input type="checkbox"/> Full season            | <input type="checkbox"/> Partial season (from: _____ to _____) |
| 4. _____                                    | <input type="checkbox"/> Full season            | <input type="checkbox"/> Partial season (from: _____ to _____) |

3. Indicate the maximum total number of acre-feet you expect to use in an irrigation season:

48.4            acre-feet

(1 acre-foot equals 12 inches of water spread over 1 acre, or 43,560 cubic feet, or 325,851 gallons.)

4. How will you schedule your applications of water? Will you be applying water in the evenings, twice a week, daily?

- |                                                                   |                                                                     |
|-------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Daily during daytime hours               | <input checked="" type="checkbox"/> Daily during nighttime hours    |
| <input type="checkbox"/> Two or three times weekly during daytime | <input type="checkbox"/> Two or three times weekly during nighttime |
| <input type="checkbox"/> Weekly, during daytime hours             | <input type="checkbox"/> Weekly, during nighttime hours             |
| <input type="checkbox"/> Other, explain: _____                    |                                                                     |