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## Oregon Water Resources Department

## FORM I FOR IRRIGATION WATER USE

	Supplemental		
	If supplements	upplemental, please indicate the number of acres that be irrigated for each type of use.	
erio <sup>At</sup> Mariante de la companya	Primary:	Acres	. سهم
	Secondary	Acres	30.10 PM
	List the permit of the primary	or certificate number water right: No	
2. Please list the anticipartial season:	pated crops you will g	row and whether you will be im-	gating them for a full or
1 ALFAPRA	Full s	season D Partial season (fr	ram:to)
2 GRAIN	- 1	season   🔾 Partial season (fr	om: to)
3 GRASS	Full s	eason D Partial season (fr	om:)
4	O Fulls	eason 🖸 Partial season (fr	om:to)
3. Indicate the maximur	90 Ac	refeet you expect to use in an im	
	e your applications of	water? Will you be applying wa	ater in the evenings,
4. How will you schedul	ři.	water? Will you be applying wa	•
4. How will you schedul- twice a week, daily?	laytime hours imes weekly		hours
4. How will you schedule twice a week, daily?  D Daily during d	laytime hours times weekly ne	Daily during nighttime	hours

WATER RESOURCES DEPT SALEM, OREGON