



## Oregon Water Resources Department

### 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:                    25.5                    Acres

Secondary:                0.0                    Acres

List the permit or certificate number of the primary water right:                    No. \_\_\_\_\_

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

- |                                   |   |  |
|-----------------------------------|---|--|
| 1. <u>Pasture and Fruit Trees</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:

63.75                    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 type="checkbox"/> Daily during nighttime hours               |
| <input checked="" 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: _____                               |   |

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