



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: 160 Acres

Supplemental: _____ 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>Alfalfa</u> | <input checked="" type="checkbox"/> Full season | <input type="checkbox"/> Partial season (from: <u>Mar 1</u> to <u>Oct 31</u>) |
| 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:

480 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 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 |

Other, explain: Whenever the crop requires water

RECEIVED

MAY 23 2007

WATER RESOURCES DEPT
SALEM, OREGON