

CRITICAL GROUND WATER AREA ALLOCATION REQUEST
FORM FOR WATER USE
in the **2023** IRRIGATION SEASON

Critical GW Area: ____ Stage Gulch (OAR 690-507-810(1a)) ____ Butter Creek (OAR 690-507-670(1a))

OWNER INFORMATION

OWNER

OPERATOR (if different than owner)

Name: _____
Address: _____
City: _____
Phone: _____

Name: _____
Address: _____
City: _____
Phone: _____

WATER RIGHT INFORMATION

Permit Number: _____
Certificate Number: _____

Authorized Acres: _____

Location of Well(s)
 ____ N/S ____ E-Sec. ____ Well Number ____
 ____ N/S ____ E-Sec. ____ Well Number ____
 ____ N/S ____ E-Sec. ____ Well Number ____
 ____ N/S ____ E-Sec. ____ Well Number ____
 ____ N/S ____ E-Sec. ____ Well Number ____

Well ID Quantity Requested (acre-feet)*
 UMAT/MORR _____
 UMAT/MORR _____
 UMAT/MORR _____
 UMAT/MORR _____
 UMAT/MORR _____

Total: _____

Permit Number: _____
Certificate Number: _____

Authorized Acres: _____

Location of Well(s)
 ____ N/S ____ E-Sec. ____ Well Number ____
 ____ N/S ____ E-Sec. ____ Well Number ____
 ____ N/S ____ E-Sec. ____ Well Number ____
 ____ N/S ____ E-Sec. ____ Well Number ____
 ____ N/S ____ E-Sec. ____ Well Number ____

Well ID Quantity Requested (acre-feet) *
 UMAT/MORR _____
 UMAT/MORR _____
 UMAT/MORR _____
 UMAT/MORR _____
 UMAT/MORR _____

Total: _____

If additional permits are held, or if more than five wells are covered by the above permit(s), please use the back of this form, if needed. Form must be received by **July 1st** by mail, fax, or email.

<p><u>Stage Gulch:</u> Oregon Water Resources Department Attn: Phil Marcy 725 Summer St NE, Suite A Salem, OR 97301 FAX: 503-986-0902 EMAIL: Phillip.I.Marcy@water.oregon.gov</p>	<p><u>Butter Creek:</u> Oregon Water Resources Department Attn: Josh Hackett 725 Summer St NE, Suite A Salem, OR 97301 FAX: 503-986-0902 EMAIL: Joshua.A.Hackett@water.oregon.gov</p>
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** Your request will be considered in addition to the last two years of water use records. If the request is significantly different from the last two years of use, please describe any physical changes you have made.*