Information Needed To Qualify for REUSE of Industrial or CAFO Effluent
(ORS 537.141 (1) (i))

1. Name of Water Right Holder _________________________________________
   A. Address _______________________________________________________
   B. Name of Contact Person _______________________________________
   C. Phone Number ________________________________________________
   D. County ______________________________________________________

2. Name of Receiving Landowner _______________________________________
   A. Address _______________________________________________________
   B. Phone Number ________________________________________________

3. Groundwater Right Number Originating Use ____________________________
   Right #1  Permit Number___________ or Certificate Number ___________
   Right #2  Permit Number___________ or Certificate Number ___________
   Right #3  Permit Number___________ or Certificate Number ___________

4. Quantity of Water to be Land Applied ______________________________ CFS/GPM

5. Total Acres to Receive Water ______________________________________

6. List all Water Rights Appurtenant to Receiving Land, if any
   Permit Number ________________ Certificate Number ____________________
   Permit Number ________________ Certificate Number ____________________
   Permit Number ________________ Certificate Number ____________________

Location of land to receive water must be shown on a map which includes Township, Range, and Section. A copy of the map must be submitted with this form.