BUTTER CREEK CRITICAL GROUNDWATER AREA

WITHDRAWAL REQUEST FORM

2027 WATER YEAR

OWNER		OPERATOR (IF DIFFERENT THAN OWNER)	
NAME:	_____	NAME:	_____
ADDRESS:	_____	ADDRESS:	_____
CITY:	_____	CITY:	_____
PHONE:	_____	PHONE:	_____
	_____		_____

PERMIT # _____ WELL LOCATION _____ WELL ID _____ ACRES _____ QUANTITY _____AF

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PERMIT # _____ WELL LOCATION _____ WELL ID _____ ACRES _____ QUANTITY _____AF

IF ADDITIONAL PERMITS ARE HELD, OR IF MORE THAN FIVE WELLS ARE COVERED BY THE ABOVE PERMIT, PLEASE USE THE SPACE BELOW AND THE BACK OF THIS FORM, IF NEEDED.

PLEASE MAIL, FAX OR E-MAIL TO:

Steve Ahlquist
Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301

FAX # 503-986-0902
E-mail: stephen.t.ahlquist@water.oregon.gov