

**STAGE GULCH CRITICAL GROUND WATER AREA
REQUEST FORM FOR WATER USE IN 2024**

OWNER

OPERATOR (if different than owner)

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

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

Permit Number: _____

Authorized Acres: _____

Location of Well(s)

Well ID

Quantity Requested (acre-feet)

T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____

Total: _____

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.

Permit Number: _____

Authorized Acres: _____

Location of Well(s)

Well ID

Quantity Requested (acre-feet)

T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____

Total: _____

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T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____
T__N/R__E-Sec.____	Well Number_____	UMAT_____

Total: _____

Please mail or fax this form to:
FAX: (503) 986-0902
Form must be received by **July 1st**

Oregon Water Resources Department
725 Summer St. NE, Suite A
Salem, OR 97301-1271
Attention: Phillip Marcy