

**STAGE GULCH CRITICAL GROUND WATER AREA  
REQUEST FORM FOR WATER USE IN 2022**

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:** \_\_\_\_\_

Permit Number: \_\_\_\_\_

Authorized Acres: \_\_\_\_\_

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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 1<sup>st</sup>**

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