

**Water Resources Program**

PROOF OF APPROPRIATION OF WATER

For Ecology Use

(Date Stamp)

Reviewed by:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Please be advised:*** Failure to collect and provide all required records and information as provisioned in your permit and underlying documents may result in delayed issuance of your certificate. Contact Ecology prior to submittal of this form if you have not complied with all provisions of your permit. | | | | | | | | | |
| Name: | | | | Water Right File Number: | | | | | |
| Mailing Address: | | | | City: | | | | State: | Zip Code: |
| Phone Number:  (     )     - | | | | Email Address: | | | | | |
| Contact Name: **(If Different)** | | | | | | | | | |
| Mailing Address: | | | | City: | | | | State: | Zip Code: |
| Phone Number: (     )     - | | | Email Address: | | | | | | |
| **DESCRIPTION/PURPOSE OF WATER USE** | | | | | | | | | |
| Date water was completely applied to beneficial use: | | Time of year water is used:  Continuous/Year Round  Seasonal | | | | If seasonally, list the annual start and end date: | | | |
| Start: | End: | | |
| **Irrigation (Include map or aerial photograph showing all irrigated lands)** | | | | | | | | | |
| Type of System: **(Wheel/Hand-Lines, etc.)** | Number of Acres Irrigated: | | | | Type of Crop(s): | | | | |
| **Municipal or Domestic Supply** | | | | | | | | | |
| Number of domestic units or equivalent residential units being served: | | | | | | | | | |
| **Industrial or Commercial** | | | | | | | | | |
| Type of industry or commercial business: | | | | | | | | | |
| If a waste water discharge permit is required, provide permit number: | | | | | | | | | |
| **Other Use of Water** | | | | | | | | | |
| Describe: | | | | | | | | | |

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| **WATER USE AND MEASUREMENT** | | |
| ***Please be advised***: Ecology will issue a certificate for (up to) the quantities put to beneficial use as authorized by your permit. Please provide any required metering records not previously submitted to Ecology. | | |
| Is an approved measuring device installed?  Yes No | Date measuring device installed: | |
| If no measuring device installed, describe Ecology approved alternative measuring method: | | |
| Current Meter Reading:       **(Specify units i.e. gallons, cubic-feet or acre-feet)** | | Recording Date: |
| **MAXIMUM RATE OF DIVERSION/WITHDRAWAL** | | |
| Maximum Instantaneous Rate:        Cubic feet per second Or       Gallons per minute | | |
| **MAXIMUM ANNUAL QUANTITY DIVERTED/WITHDRAWN** | | |
| Annual Quantity of Diversion/Withdrawal:          Cubic-Feet Or       Gallons Or       Acre-feet  **(1 cubic foot = 7.48 gallons) (1 acre-foot = 325,851 gallons)** | | |
| **DESCRIPTION OF PLACE OF USE** | | |
| Legal description of specific area on which water is beneficially used:    **(Attach a map or aerial photograph showing the boundaries of the place of use and include parcel number(s))**  **(Parcel numbers not needed for municipal supply)** | | |
| **SOURCE(S) AND LOCATION(S)** | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Source Number | Parcel Number | Well ID Number | ¼ | ¼ | Section | Township | Range | County |
| #1 |  |  |  |  |  |  |  |  |
| #2 |  |  |  |  |  |  |  |  |
| #3 |  |  |  |  |  |  |  |  |
| #4 |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **FOR SURFACE WATER DIVERSION** | |
| Type of Diversion: **(Pump, Gravity flow, etc.)** | Description of Water Delivery System: |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do certify that I/we have completed

(Please Print) (Please Print)

appropriation of water under water right file number,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This notice and attached documents are true and accurate statements and describe and support my/our assertion that I/we have satisfied the terms of this water right in compliance with the law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permittee(s) Signature Permittee(s) Signature Date

}§

###### State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed and sworn to (or affirmed) before me on this \_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Seal

or

Stamp

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

My Appointment Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_