



Water Resources Program
PROOF OF APPROPRIATION OF WATER

For Ecology Use
(Date Stamp)

Reviewed by:

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: <input type="checkbox"/> Continuous/Year Round <input type="checkbox"/> 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:			

WATER USE AND MEASUREMENT									
Is an approved measuring device installed? <input type="checkbox"/> Yes <input type="checkbox"/> 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MAXIMUM ANNUAL QUANTITY DIVERTED/WITHDRAWN									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

Printed Name

Title

My Appointment Expires _____

Seal
or
Stamp