

IRRIGATION WATER RIGHT

This section needs to be completed and signed by the appropriate irrigation district and/or water resources department.

If the property has irrigation water rights, who is the supplier:

- ___ Central Oregon Irrigation District
- ___ Ochoco Irrigation District
- ___ Water Resources Department
- ___ Other: _____

Does the property have irrigation water right? Yes ___ No ___.

If yes, a sign-off from State Watermaster and/or the relevant irrigation district is required?

If yes, what is the amount of acres of irrigation water right? _____ acres.

Amount of water right acres to be transferred? _____

Is there an irrigation ditch and/or an underground pipeline that runs through the property? Yes ___ No ___

Is there a distribution point for irrigation located on the property? Yes ___ No ___

Does the property have of in-stream and/or agriculture well state? If so, please explain under comments.

Watermaster Signature: _____ Date: _____

Print name: _____

Irrigation District Signature: _____ Date: _____

Print name: _____

(Use a separate sheet of paper if necessary)

COMMENTS: _____

WILDLIFE WINTER RANGE / SENSITIVE BIRD HABITAT

When the lot or parcel on which the non-farm dwelling will be sited lies within an area designated in an acknowledged comprehensive plan as habitat for big game, the siting of the dwelling must be consistent with the limitations on density upon which the acknowledged comprehensive plan and land use regulations intended to protect the habitat are based.

This section needs to be completed and signed by Oregon Department of Fish & Wildlife.

Is the subject property located within a “**Winter Wildlife**” overlay zone?
Yes ___ No ___

If yes, please check the appropriate box(s):

- ___ Critical Deer Winter Range
- ___ General Deer Winter Range
- ___ Elk Winter Range
- ___ Antelope Winter Range

Is the property located in within a “**Sensitive Bird Habitat**” overlay zone?
Yes ___ No ___

If yes, which area: Nest ___ Roust ___ Type ___

ODF&W Signature: _____ Date: _____

Print Name: _____ Day-time Phone: _____

Comments:

(Use a separate sheet of paper if needed)

WEED CONTROL

This section needs to be completed and signed by the Weed Master.

Weed Master Signature: _____ Date: _____

Print Name: _____ Day-time Phone: _____

Comments:

(Use a separate sheet of paper if needed)