



Pawnee Nation of Oklahoma
Division of Natural Resources and Safety
 Phone: 918.762.3655 | Fax: 918.762.6461 | Email: dhrs@pawneenation.org
 301 Agency Road, P.O. Box 470, Pawnee, OK 74058

APPLICATION FOR WATER USE PERMIT

Pawnee Nation Code of Laws Title XII, Chapter 15

PERMIT TYPE:	
<input type="checkbox"/> Tribal Water Use Permit	<input type="checkbox"/> Existing Residential Water Use Permit
<input type="checkbox"/> Water Lease Permit	<input type="checkbox"/> Municipal Water Use Permit
<input type="checkbox"/> Water Well Drilling Permit	<input type="checkbox"/> Geothermal Well Drilling Permit

If Other, State Purpose (Special Permit): _____

APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name: _____ Email: _____

Mailing Address: _____ Work Tel: _____

City: _____ State: _____ Zip: _____ Fax: _____

Are you a Pawnee tribal member? Yes No Pawnee Enrollment No.: _____

CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name: _____ Email: _____

Mailing Address: _____ Work Tel: _____

City: _____ State: _____ Zip: _____ Fax: _____

Relationship to Applicant: _____

STATEMENT OF INTENT

The applicant requests a permit to use not more than _____ (gallons per minute or cubic feet per second) from a surface water source or ground water source (*check only one*) for the purpose(s) of _____.

ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE.

Estimate a maximum annual quantity to be used in acre-feet per year: _____

Check if the water use is proposed for a short-term project.

Indicate the period of time that the water will be needed: _____ – _____

WATER SOURCE

IF SURFACE WATER				IF GROUND WATER				
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:				A permit is desired for _____ well(s).				
Number of diversions: _____				Lummi Well Identification No.(s) _____				
Source flows into (name of body of water):				Size and depth of well(s):				
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
$1/4$ of	$1/4$ of	$1/4$ of	Township	Range (E/W)	Section	If location of source is platted, complete below:		
						Lot	Block	Subdivision

GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your existing or proposed water system.

C. Do you already have any water rights or claims associated with this property or system? YES NO

PROVIDE DOCUMENTATION

DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION

(Complete for all domestic/public supply uses.)

- A. Number of "Connections" requested: _____ Type of Connection _____ (Home, PWS, etc.)
- B. If PWS, Gallons per day Raw Water for distribution: _____ Type of Treatment _____
- C. If PWS, Treatment Type: _____ Certified Operator # _____
- D. If PWS, are Water Conservation Plans in place: Yes No
 If not, target date of completion: _____

IRRIGATION/AGRICULTURAL/FARM INFORMATION

(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
 Use _____ Acres _____
 Use _____ Acres _____
 Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Farm uses:
 Stockwater – Total # of animals _____ Animal type _____ *(If dairy cattle, see below)*
 Dairy – # of Milking _____ # of Non-milking _____

WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? YES NO
If yes, please describe the storage facility (elevation, dimensions, capacity, and material) and provide a map showing location.

REQUIRED MAP

- A. Attach a map of the project.

PROPERTY OWNERSHIP

- A. Does the Applicant own the land on which the water will be used? YES NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

- B. Does the Applicant own the land on which the water source is located? YES NO
If yes, provide documentation. If no, submit a copy of agreement.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Pawnee Nation Department of Environmental Conservation and Safety access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Pawnee Nation, all responsibility for the accuracy of the information rests with me.

Applicant (or Authorized Representative)

Date

FOR PAWNEE NATION ENVIRONMENTAL REGULATORY COMMISSION USE ONLY

Application No.: _____

Date Received: _____

Date Accepted as Complete: _____ By _____