

NEPHI IRRIGATION COMPANY

FARM WATER DELIVERY APPLICATION

OPERATOR NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ CELL: _____

EMAIL: _____

PARCELS TO BE SERVED: _____

(Assessor parcel #'s & owner name)

DESCRIPTION OF WATER

SHARES: _____

(In who's name and/or certificate number)

SUPPLEMENTAL WATER:

FARM SYSTEMS:

- Please include a sketch of on farm information with the following information: (Note: You may draw on the FSA map, attach a copy of ARDL/SCS plan or hand draw a map. See attached sample.)

- Crop type
- Dimension of field
- Number of risers and riser spacing
- Number of heads and spacing on each riser
- Size of nozzles
- Planned or desired watering schedule as follows (optional):
 - Number or watering cycles (cycle=11.5 hours)
 - Number of heads used on each cycle
- Lateral and turnout number (example: A3 or B4)
- Pivot information:
 - Length of pivot/area covered
 - Flow rate in GPM
 - Time needed to run per month (please attach nozzle chart)

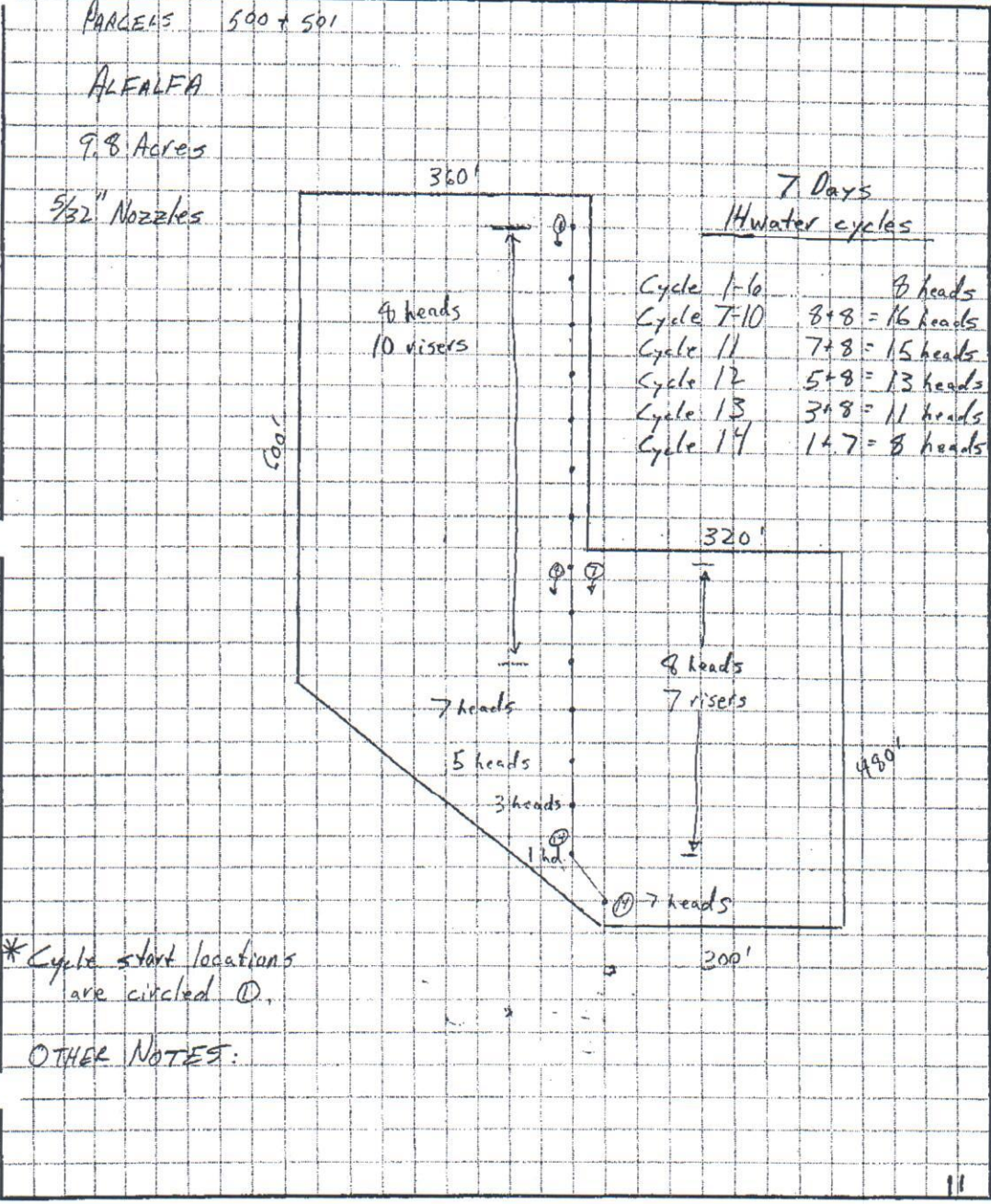
Note: You may copy this page or attach any information you have to remit the information as needed for all of your fields.

If you have any questions, please call **435-623-7237** or email n.irrigation@gmail.com



Central Utah Project Completion Team JOB SAMPLE
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SHEET NO. _____ OF _____
 CALCULATED BY _____ DATE _____
 CHECKED BY _____ DATE _____
 SCALE _____



EXAMPLE

