



FORM D

OSAGE NATION QUARTERLY METERING REPORT

Osage Nation Department of Natural Resources
100 W. Main, Suite 304
Pawhuska, OK 74056

OFFICE USE ONLY

Orig. Permit No. _____
Type of Permit _____

DATE _____

1. WATER RIGHT HOLDER INFORMATION

Name _____

Contact Name (if applicable) _____

Address _____ Zip _____

Phone (____) _____ Email _____

2. PERMIT INFORMATION

Type of Permit(s) (Check all that apply):

Drill Beneficial Use Storage Transfer Sell

Permit No(s). _____ Exp. Date(s) _____

Please provide the following information as listed on your original Permit.

- a) _____ acre-feet of water will be used annually for _____
- b) _____ acre-feet of water will be used annually for _____
- c) _____ acre-feet of water will be used annually for _____
- d) _____ acre-feet of water will be used annually for _____

3. METERING REPORT

Metering Report for: Q1 1/1 – 3/31 Q2 4/1 – 6/30 Q3 7/1 – 9/30 Q4 10/1 – 12/31

Metered Water Usage for this Quarter:

- a) _____ acre-feet of water was used this quarter for _____
- b) _____ acre-feet of water was used this quarter for _____
- c) _____ acre-feet of water was used this quarter for _____
- d) _____ acre-feet of water was used this quarter for _____

Total Metered Water Usage for Calendar Year (only complete if reporting for Q2, Q3, or Q4):

- a) _____ acre-feet of water was used this quarter for _____
- b) _____ acre-feet of water was used this quarter for _____
- c) _____ acre-feet of water was used this quarter for _____
- d) _____ acre-feet of water was used this quarter for _____

4. SIGNATURES

Upon my oath or affirmation, I swear or affirm (1) that all information submitted to the Osage Nation Department of Natural Resources in connection with this application is true and accurate to the best of my knowledge; and (2) that I or the person or entity I represent will comply with all applicable laws and regulations of the Osage Nation or its agencies or departments, and any lawful conditions imposed by the Osage Nation DNR Department, which apply or pertain to the use of groundwater.

SIGNATURE OF WATER RIGHT HOLDER

PRINT NAME

TITLE (IF APPLICABLE)

PERMIT NUMBER

NOTARY

STATE OF _____)

COUNTY OF _____)

The foregoing instrument was acknowledged before

me this _____ day of _____, 20__.

Notary Public
My commission expires: _____
(SEAL)