



19604 Buck Canyon Rd., Bend, OR 97702  
Phone: 541-382-7664 Fax: 541-382-0833

FIELD INSPECTION APPLICATION

**\*\* NOTE: Please allow 2 weeks for the inspection to be completed and a response prepared.**

Name: \_\_\_\_\_

Address of Property to be Inspected: \_\_\_\_\_

Phone Number (s): \_\_\_\_\_

Purpose of Inspection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location and legal description (township, range, section, 1/4, 1/4, and tax lot#) of property :

\_\_\_\_\_

**(1) I am the owner or have been granted authority by the owner (include authorization letter) of this land to have this inspection conducted by Arnold Irrigation District (District). (2) I understand that the District will charge a non-refundable fee of \$125 for services. I am including the full amount of the inspection fee with this application. (3) In addition to any listed fees, I/we agree to pay all additional costs, on a time and material basis that the District incurs in reviewing and engaging in my/our request to access and impact the District facilities, easements, and or in negotiating agreements on this project (for design review, this will typically be the District's third-party design review engineering) and for legal, this will be the District's attorney standard hourly rates. (4) In addition, I agree to hold Arnold Irrigation District, its board members, employees and agents harmless from any claims or causes of action as a result of any work done by myself or hired person or company. (5) Upon signature of this application, I agree to all terms and conditions of Arnold Irrigation District. Any work to be done by myself or hired person or company, if not complete, to Arnold Irrigation District specifications, listed or not listed below, will be completed by Arnold Irrigation District and any related fees will be placed as a lien against the property until paid for by myself.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The following item(s), requirement(s), recommendation(s) is/are required by the Inspector:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* All fees must be paid in full before approval from this office is given and before any work can begin.

\* Inspections by Arnold Irrigation District are required during the course of the work being done.

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
Date

**\*\* This inspection is null and void after 90 days. A new inspection and another fee will be required after the 90 day period.**