

APPLICATION FOR LOWER COLORADO WATER SUPPLY PROJECT WATER

(Please print or type. Complete the information requested, or place an "X" in the appropriate box.)

1. **Property Assessor Parcel Number :** (_____ - _____ - _____), _____ County

2. **Are you submitting an application for other parcels?** Yes No
If "Yes," please attach a list of all parcels.

3. **Parcel Address:** _____
Number Street City State Zip Code

4. **Parcel Legal Description:** _____

5. **Owner Information:**

Name: _____
First Middle Last

Address: _____
Number Street City State Zip Code

Telephone Number (with area code): _____ Fax No.: _____

Is there a co-owner? Yes No
If Yes, please provide co-owner's name and address:

Name: _____
First Middle Last

Number Street City State Zip Code

Telephone Number (with area code): _____ Fax No.: _____

NOTE: Please provide a complete listing of co-owners. Attach additional sheets if necessary.

6. **Owner Occupied or Owner Used:** Yes No Not Developed

If "No," please provide the information requested below: Tenant Lessee Operator

Name: _____
First Middle Last

Mailing address: _____
Number Street City Zip Code

Telephone Number: _____, Fax Number: _____
Area Code First Area Code First

7. **Date Property Acquired:** _____
Month / Day / Year

8. **Date Property Developed:** _____
Month / Day / Year

9. **Source of Water (Month and Year):** **Prior to Nov. 15, 1986** **11/15/86 - 11/13/01** **After 11/13/01**
• Diverted from River _____
• Well _____
• Other _____

If "Other," please explain: _____

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Date Received: _____ Date Reviewed: _____ Reviewed by: _____ Approved: Yes No

10. Type of Use (Check Where Appropriate): Prior to Nov. 15, 1986 11/15/86 - 11/13/01 After 11/13/01

- Residential _____
- Commercial _____
- Industrial _____
- Recreational _____
- Vacant _____
- Other _____

11. Annual Water Use: Prior to Nov. 15, 1986 11/15/86 - 11/13/01 After 11/13/01

- a). Pumped or diverted volume _____
 (Use acre-feet, gallons, or other accepted unit of measure.)
- b). Percentage of pumped or diverted water consumptively used _____
 (Use percentage, i.e., %)

12. Location of each Diversion Facility (A map, illustration, and/or drawing may be attached.):

13. Parcels served by each Diversion Facility (if more than one, list on a separate sheet):

14. Maximum capacity of each diversion facility (well and/or pump). (Use gallons per minute, or other accepted unit of measure.)

NOTE: Documentation for **Items 8 through 13** should be attached; you should include, as applicable, copies of one or more of the following items: city or county approved subdivision plan or state subdivision white paper; county or city installation/building permit for diversion or pumping facilities; well log reported to California Department of Water Resources; construction or installation agreement/receipt with a valid California licensed well driller or contractor; equipment purchase receipt; or other document that will show starting date of diversion or pumping.

15. Natural or propane gas service on site? Yes No

16. Electricity service on site? Yes No

17. Any water service to the site? Yes No

If "No," on what date will future water use begin? _____
 Month / Day / Year

18. Any sewer service on site? Yes No

19. Any septic tank on site: Yes No

If "Yes," how far away from the River bank? _____

20. I would like a subcontract for Project water on the parcel identified in **Item 1** above as follows:

- a). within the next calendar year: _____ annually, and
 Number Volume (in acre-feet, gallons, etc.)
- b). future additional water: _____ annually.
 Number Volume (in acre-feet, gallons, etc.)

Submitted by: _____ Date: _____
 Print Name Signature