

APPLICATION FOR LOCAL STORAGE AGREEMENT

APPLICANT

Name of Party, Date Requested, Date Approved, Street Address, Amount Requested, Amount Approved, City, State, Zip Code, Telephone, Facsimile

TYPE OF WATER TO BE PLACED IN STORAGE

- [] Excess Carry Over [] Local Supplemental or Imported [] Both

PURPOSE OF STORAGE - Check all that may apply

- [] Stabilize or reduce future water costs/assessments. [] Facilitate utilization of other available sources of supply. [] Facilitate replenishment under certain well sites. [] Preserve pumping right for a changed future potential use. [] Other, explain

METHOD AND LOCATION OF PLACEMENT IN STORAGE - Check and attach all that may apply

- [] Recharge (Form 2) [] Transfer of Right to Water in Storage (Form 3) [] Transfer from another party to the Judgment (Form 5)

METHOD AND LOCATION OF RECAPTURE FROM STORAGE - Check and attach all that may apply

- [] Pump from my wells (Form 4) [] Transfer to another party to the Judgment (Form 3)

WATER QUALITY AND WATER LEVELS

What is the existing water quality and what are the existing water levels in the areas that are likely to be affected?

Blank lines for water quality and levels information

MATERIAL PHYSICAL INJURY

Is the Applicant aware of any potential Material Physical Injury to a party to the Judgment or the Basin that may be caused by the action covered by the application? Yes [] No []

If yes, what are the proposed mitigation measures, if any, that might reasonably be imposed to ensure that the action does not result in Material Physical Injury to a party to the Judgment or the Basin?

Blank lines for mitigation measures

ADDITIONAL INFORMATION ATTACHED

Yes [] No []

Applicant

TO BE COMPLETED BY WATERMASTER:

DATE OF APPROVAL FROM NON-AGRICULTURAL POOL: _____

DATE OF APPROVAL FROM AGRICULTURAL POOL: _____

DATE OF APPROVAL FROM APPROPRIATIVE POOL: _____

HEARING DATE, IF ANY: _____

DATE OF ADVISORY COMMITTEE APPROVAL: _____

DATE OF BOARD APPROVAL: _____ Agreement # _____