

Form 2a - Application for Supplemental Water Recharge

Applicant Information and Recharge Request			
Person		Date Requested	
Contact (individual)		Date Approved	
Street Address		Proposed Period of Time Covered by Recharge Application (mm/yyyy to mm/yyyy)	
City			
State			
Zip Code		Requested Total Amount of Recharge Over the Application Period (AF)	
Telephone			
Fax		Approved Total Amount of Recharge Over the Application Period (AF)	
Email			

Source(s) of Supply (check box and provide supporting information)	
()	State Water Project
()	Colorado River Aqueduct
()	Local Supplemental (identify source and attach source water quality characterization including TDS and TN; use as many sheets as necessary)
()	Recycled Water (identify source and attach source water quality characterization including TDS and TN; use as many sheets as necessary)
()	Other (identify source and attach source water quality characterization including TDS and TN; use as many sheets as necessary)

Method of Recharge (check box and provide supporting information)	
()	Surface Spreading
	Recharge Basin Name(s)
	Expected Period of Recharge (mm/dd to mm/dd)
	Depth to Water in Recharge Area (ft-bgs)
	Water Quality in Recharge Area (attach characterization)
()	Injection
	Well Names and Locations (attach well completion report if not on file with the Watermaster)
	Expected Period of Recharge (mm/dd to mm/dd)
	Depth to Water in Recharge Area (ft-bgs)
	Water Quality in Recharge Area (attach characterization)
()	In-Lieu Exchange
	Treatment Plant and Turnout
	Share of Safe Yield (percent and AFY)
	Carryover Right, if Applicable (AF)
	Water in Storage (AF)
	Pumping Capacity (mgd or AFM)
	Expected Period of Recharge (mm/dd to mm/dd)
	Depth to Water in Area Impacted by In-Lieu Recharge (ft-bgs)
	Water Quality in Area Impacted by In-Lieu Recharge (attach characterization)

Form 2a - Application for Supplemental Water Recharge

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 or the Basin (provide list of mitigation measures and rationale either below or attach one to this application)

BY: _____
Applicant Date

To Be Completed by Watermaster

Is the Person a Party to the Judgment that has:

Previously contributed to the implementation of the OBMP?

YES NO

Is in compliance with their continuing covenants under the Peace Agreement?

YES NO

(If answer to previous question is NO)

Paid or delivered to Watermaster "financial equivalent" consideration to offset the past performance prior to the OBMP implementation?

YES NO

Promised continued future compliance with Watermaster Rules and Regulations?

YES NO

Date of Approval from Appropriate Pool (mm/dd/yyyy) _____

Date of Approval from Overlying Non-Ag Pool (mm/dd/yyyy) _____

Date of Approval from Overlying Ag Pool (mm/dd/yyyy) _____

Hearing Date (if any) (mm/dd/yyyy) _____

Date of Approval by Advisory Committee (mm/dd/yyyy) _____

Date of Approval from Board (mm/dd/yyyy) _____

Recharge Agreement Number _____