State Water Resources Control Board



Division of Water Rights

1001 I Street, 14th Floor ♦ Sacramento, California 95814 ♦ 916.341.5300 P.O. Box 2000 ♦ Sacramento, California 95812-2000 Fax: 916.341.5400 ♦ www.waterrights.ca.gov



SACRAMENTO-SAN JOAQUIN DELTA DIVERSION SURVEY

Name:						
Addres	es:					
Daytin	ne phone number:					
	of Right: se # Permit # Statement #	Other				
Name	of the water body at the point of diversion					
1.	Did you receive a notice from Fish and Game? If yes, did you reduce or curtail your diversion? Water Savings How was savings achieved and will you continue this permanent basis?	□ Yes	□ No			
2.	If you have not already implemented water reduction or curtailment m you plan to implement measures to temporarily reduce or curtail your order to conserve water, and protect instream beneficial uses? □ Yes □ No How would water savings be achieved?					
	Estimated Water Savings	□ Acre-feet	□ Gallons			
3.	Is your diversion screened for the protection of aquatic resources? □ Yes □ No If so, please describe.					
	Screen Area Screen Mesh S	Size				
4.	Is your diversion equipped with a measuring device? If so, what type?		□ No			
5.	Normal hours of pump operation (am/pm)					

6.	Capacity of diversion		□ CFS	□ GPM
7.	Maximum Annual Diversion:		□ Acre-feet	□ Gallons
8.	Season of Diversion:			
9.	Purpose of use: □ Irrigation □ Dome	estic	□ Other	
10.	Crop Grown: Acre	s		
this sp	nents or Recommendations based on your local bace to also identify any unauthorized diversions d investigate):	you b	elieve the Sta	ite Water Board
Signa	ture:	Da	ite:	

Please use the enclosed return envelope or mail survey to:

Sacramento-San Joaquin Delta Diversion Survey
Division of Water Rights
P.O. Box 2000
Sacramento, CA 95812

The State Water Board thanks you for your response and cooperation.