2014 CURTAILED WATER RIGHTS
HUMAN HEALTH AND SAFETY CLAIMS FORM
Please return completed form within 7 days of receipt to:

State Water Resources Control Board
Division of Water Rights
P.O. Box 2000
Sacramento, CA 95814-2000

Email PDF of form to: SWRCB-curtailment-certification@waterboards.ca.gov
or
Fax form to: 916-341-5400

PLEASE PROVIDE INFORMATION FOR YOUR CURTAILED WATER RIGHT THAT YOU CLAIM IS THE SOLE SOURCE OF WATER FOR HUMAN HEALTH AND SAFETY USES

Minimal use for human health and safety does not include wasteful or unnecessary use of any kind, including but not limited to:

- More than 50 gallons per person per day for indoor personal use,
- Agriculture or commercial livestock operations,
- Outside uses including lawns, gardens, trees, golf courses, swimming pools, car washing, etc.

Water Right Application No. (complete a separate form for each water right) ___________________________________

Watershed:   [ ] Scott River   [ ] Russian River   [ ] Sacramento River   [ ] San Joaquin River   [ ] Eel River

Water Right Owner: ____________________________________________________________________________________

Number of people served: _________________  Number of connections: ____________________

Are you a public water system permitted by the CA Department of Public Health or local county health dept.?  [ ] Yes  [ ] No

If you checked Yes, what is your 7-digit public water system No.? __________________________________________

Community/municipality served by this water right ____________________________________________________________________________________________

Additional water rights serving this community/municipality __________________________________________________

Check all current uses and provide rate or amount of use under this water right only:

[ ] Domestic/municipal use for human health and safety needs at a rate of __________ gallons per person per day

[ ] Energy generation critical to basic grid reliability as identified by CA Independent System Operator, CA Public Utilities Commission, CA Energy Commission or other appropriate authority at a rate of

_________  [ ] gallons per day  [ ] cubic feet per second

[ ] Fire protection, as identified by CA Department of Forestry and Fire Protection or other appropriate authority at a rate of

_________  [ ] gallons per minute  [ ] cubic feet per second; or seasonal storage of __________  [ ] gallons  [ ] acre-ft

[ ] To address critical air quality impacts, as identified by CA Air Resources Board or other appropriate authority at a rate of

_________  [ ] gallons per minute  [ ] cubic feet per second; or seasonal storage of __________  [ ] gallons  [ ] acre-ft

[ ] Other uses and amounts (be specific) __________________________________________________________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

How long will your existing supply last if you are unable to continue to divert?  __________ days

Have all outside uses of water ceased, including but not limited to commercial agriculture and livestock operations; watering of lawns, gardens, trees, and golf course; swimming pools; car washing; etc.?  [ ] Yes  [ ] No

If you checked No, what outdoor uses are still occurring (be specific)? __________________________________________________________________________________________________________________________________________
If you are a municipality, a public water system or district, please check the measures you are currently taking to conserve water and limit consumptive use:

- [ ] Metered usage
- [ ] Tiered pricing
- [ ] Leakage detection and repair program
- [ ] Percent mandatory reduction _______ %
- [ ] Amount mandatory reduction _______ gallons per day
- [ ] Other measures (be specific) __________________________________________________________

Please state the reason why the alternate sources below are infeasible and provide name and phone number of the alternate supplier(s) you contacted:

- [ ] Bottled water suppliers
  - Contact information __________________________________________________________
  - Reason infeasible ______________________________________________________________

- [ ] Hauled water suppliers
  - Contact information __________________________________________________________
  - Reason infeasible ______________________________________________________________

- [ ] Existing or new groundwater wells
  - Contact information __________________________________________________________
  - Reason infeasible ______________________________________________________________

- [ ] Local water purveyor
  - Contact information __________________________________________________________
  - Reason infeasible ______________________________________________________________

- [ ] Others
  - Contact information __________________________________________________________
  - Reason infeasible ______________________________________________________________

Please identify the person who is submitting this form:

Name: ____________________________________________________________   Date :__________________________

Title (owner, agent, general manager, etc.) ____________________________________________________________

Address: __________________________________________________________________________________________

________________________________________________________________________________________

Phone No. __________________________________  Email: _________________________________________________