

**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: _____