



## Request for Analysis (2-sided form)

**Diversion Number or Name:** \_\_\_\_\_ **Water Source:** \_\_\_\_\_

**Proposed changes:** ☐ Point of Diversion  
☐ Place of Use  
☐ Purpose of Use

**Diversion owners:**

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If more owners, attach list and signatures

### **For SSWD Use Only**

Date Submitted: \_\_\_\_\_

Initial Review: \_\_\_\_\_

By: \_\_\_\_\_

☐ Incomplete




☐ Complete

Completion Date: \_\_\_\_\_

Final Review By: \_\_\_\_\_

Date: \_\_\_\_\_

**Please answer the questions below and follow instructions:**

Questions	Answer Yes or No	Instructions...
Have you already discussed the proposed change(s) with the Deputy Watermaster?		If no, call Deputy Watermaster at (530) 605-6763
Have all the above diversion owners agreed to proposed change?		If no, attach explanation or plan to obtain approval from each owner.
Are the diversion works and delivery works (conveyance) on parcels of land owned by the above diversion owners?		If no, and you are requesting a change in point of diversion, provide access agreements or easement for diversion works and/or delivery works from each parcel owner.
Are any other diversions located within 100 feet upstream or downstream of the proposed point of diversion?		None.
Have you, or will you obtain any of the following: <div style="margin-left: 20px;">  A permit to divert water from the California Department of Fish and Wildlife?   A safe harbor agreement with either State or Federal agencies?   Other permits or water transactions required for your proposed project? </div>		If yes, provide any requirements or suggested requirements to bypass flow, and explain all tasks requested of the Watermaster or Deputy Watermaster, including measurement data.
Do you already have design plans?		If yes, provide a copy.
Do you have a map showing proposed diversion, conveyance and place of use locations?		This is required.

**Right to Privacy:**

All draft information submitted for review is not subject to public distribution. Final approved plans and documents may be requested only in the event that further review is deemed necessary.

**Attach up to 2 pages to briefly describe your proposed change.** For point of diversion changes, include the current location and the proposed location coordinates.

**Describe the Water Rights** to be exercised at proposed point of diversion (describe all flow that will pass through the diversion, including required bypass flow that will be returned to the stream):

Water Right Type	Flow in CFS	Season of Diversion	Estimated frequency of diversion, or number of days each month	Reference the source of this information (i.e. decree or other appropriation)

**All Diversion Owners must sign this form:** I (we) declare under penalty of perjury that this change is being requested in accordance with District *Policy for Adding or Changing a Point of Diversion* and that the above is true and correct to the best of my (our) knowledge and belief. I (we) understand that the initial review of a completed request is covered by current Watermaster fees, and that additional time spent by District staff to coordinate and resolve problems may be billed to diversion owners, with prior approval, at the rate of \$48 per hour.

Dated: \_\_\_\_\_ at \_\_\_\_\_  
City and State

\_\_\_\_\_  
Diversion Owner or Authorized Agent Signature

\_\_\_\_\_  
Diversion Owner or Authorized Agent Signature

\_\_\_\_\_  
Diversion Owner or Authorized Agent Signature

\_\_\_\_\_  
Diversion Owner or Authorized Agent Signature

Please attach any additional information to help our review.

**Submit completed form with attachments to:**

**SSWD – Executive Director**

**P.O. Box 1441**

**Yreka, CA 96097**

Request with attachments that are under 10 pages can be emailed to [Director@sswatermaster.org](mailto:Director@sswatermaster.org)