

**ID# NO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET**

W.R. # 96-9304

APPLICATION ID # 73134
INITIAL REVIEW

ENT. 9/27 BCA 9/27 OK to Publish 9/27/06
6/106

APPLICANT: Silver Leaf Ranch Homeowner's Assn BY: KJ DATE: 9/27/06

- ITEM REQUIRED INFORMATION
1. (☒) Name and Address
 2. (☒) Source
 3. (☒) Point of Diversion & County
 4. (☒) Quantity
(☒) Nature of Proposed Use
(☒) Period of Use
 5. (☒) Total Quantity
 6. (☒) Description of diverting works
 7. (☒) Time required for b/u
 8. (☒) Proposed use
 9. (☒) Place of use or acres irrigated
 10. (☒) Other water Rights
 11. (☒) Ownership
 12. (☒) Map
(☒) Signature
(☒) Fee (Amt, receipt, acknowledgement)

PROCESSING
(Yes)(No)

PRIORITY DATE: 9/14/2006

Priority date set when they returned corrected municipal application.

*** Send info sheet Y() N()

ADDITIONAL INFORMATION

(Yes)(No)

- ☒ **Shape File Created** Date 9/27/06 By: KJ
- ☐ Field check: by _____
- ☐ Field report attached
- ☐ Analysis Supp. attached(>5cfs/500af)
- ☐ Water delivered by water master? Water District # _____

- () Dam Information () Fish Information
- () Power Information () Other: _____

GROUNDWATER SECTION

WD Permit No.'s:	Tag #	Type:	Fees	Receipt No.	Upgrade Needed?
_____	_____	Dom. Non-Dom. _____	Paid \$ _____	_____	Y() N()
_____	_____	Dom. Non-Dom. _____	Paid \$ _____	_____	Y() N()
_____	_____	Dom. Non-Dom. _____	Paid \$ _____	_____	Y() N()

- ☐ Groundwater management area
- ☐ Critical ground water area
- ☐ Well Drilling Permit required
- ☐ Well Drilling Application and Fees received
- ☐ Well Drilling Application approved?

Remarks: _____

FINAL REGIONAL PROCESSING/REVIEW

(Yes)(No)

- ☐ Notice of pending void order issued. Final order response date: ____/____/____
- ☐ Further information required from applicant
- 10/27 ☒ Affidavit of publication received
- ☐ Application published correctly. If not, record action taken: _____

- 10/11 ☐ Publication dates and paper recorded on application
- ☐ Protests received, Final protest date: 11/6/06
- ☐ Measuring device required
- ☐ Measuring port required
- ☐ Special conditions: _____
- ☐ Special conditions of approval supplement and/or cover letter attached: _____

Sr. Agent initial _____

Approval Recommended by: _____ Date: ____/____/____