CONSERVATION DISTRICT WATER RESERVATION ASSISTANCE REQUEST FORM

For Conservation District Bureau Use Only
Application #
Date Received
Received By
Date Contractor Assigned
Date Reservation Added to Tracker
Date Assignment Letter Sent to CD

Conservation District (CD) Name:	
CD Contact Information:	_
CD Water Reservation Application No:Internal Priority Date/Ti	me:
Applicant Name:	
Applicant Contact Information:	_
Authorized CD Representative Printed Name:	Date:
Signature:	_
Copies included in the request:	
Application for Reserved Water Use Authorization, Form 101	
Application for Change of Reserved Water Use Authorization, Form 104	
Location Map	
Soils Map	
Engineering details	
Water quality assessment documents, if needed (mostly used for groundwater reservations only)	
Written leases and deeds	