

## WESTLANDS WATER DISTRICT

### DISTRIBUTION SYSTEM INTEGRATION PROGRAM

#### Application

W A T E R  U S E R	Water User:		Date:
	Requested By:	Phone No:	Account No:
	Groundwater Well Location: Sec.     , T.     S., R.     E., M.D. B.&M.		
	Proposed location of injection into distribution system: Delivery No.		
	Method of Injection: Standpipe or Direct Injection ( <i>Circle one</i> )		
	Pump and Well Data: a. Pump driver horsepower _____ HP Electric or Gas ( <i>Circle one</i> ) b. Pump discharge pipe size _____ inches c. Approximate discharge _____ gpm/cfs d. Estimated quantity of water to be pumped _____ AF ( <i>during water year</i> )		
	Does groundwater well have a water meter: Yes ___ No		
	Water user must provide a water quality test report, a sketch of proposed piping system layout, and a general location map with this application. Consult with Resources Division to obtain detailed requirements for pumping into pipeline laterals.		
	Water User Signature:		Date:
	W W D	Date Application received:	
Date of Last Triennial Analysis: _____ Test Required: Yes/No			
Date of Compliance Analysis:			
Water quality evaluation complete and approved:* Yes ___ Date:			
Has sand test been completed: Yes ___ No ___ Pass ___ Fail			
Meter tested for accuracy: Yes ___ Percent of Difference _____ Meter Size			
Geographic location:		Numeric:	
Has water user submitted a sketch of proposed piping system layout and general location map. Yes ___ No			
Where applicable, USBR review and approval: Yes ___ No ___ Initials			
Pumper Conveyance Agreement complete: Yes ___ Date			
Water User Permission Agreements complete: Yes ___ Date			
Resources Division Approval: Yes ___ No ___ Initials _____ Date			
* <i>The original analysis data sheets including the chain of custody documentation from testing laboratory will be sent to the District and copies will be provided to the water user.</i>			