

Contractor: _____ Contract Number: _____

**DIVERSIONS OF COLORADO RIVER WATER AND RETURN FLOW FOR
MUNICIPAL, INDUSTRIAL, DOMESTIC, AND IRRIGATION USES IN THE STATE OF _____**

CALENDAR YEAR 20_____

Total monthly water diversion and return flow—please indicate unit of measurement:

- acre-feet gallons cubic-feet cubic-meters liters Other (specify) _____

Diversions			Return Flows	
Month	<u>River Intakes</u> (column a)	<u>Wells</u> (column b)	<u>Metered Return Flow</u> (column c)	<u>Estimated Return Flow*</u> (column d)
Jan				
Feb				
Mar				
Apr				
May				
Jun				
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				
Annual Totals				
Grand Totals	(columns a+b)		(columns c+d)	

*If return flows are estimated; indicate the method used

- As set forth in the contract Other methods (please enclose an explanation of methods used)

New diversion point(s) added during the calendar year _____

Report certified correct and submitted by:

Name: _____ Date: _____

Telephone Number: _____ Email address: _____

Note: The completed report should be submitted by the date set forth in the water delivery contract to the Regional Director, Attention: LCB-4200, Bureau of Reclamation, P.O. Box 61470, Boulder City, NV 89006 or by electronic mail to bor-sha-bcooadmin@usbr.gov.

Paperwork Reduction Act Statement: This information is being collected in order to allow the Secretary of the Interior, acting through the Regional Director, Interior Region 8: Lower Colorado Basin, Bureau of Reclamation to prepare and maintain complete, detailed, and accurate records of diversions of Colorado River water, return flow to the river, and consumptive use in compliance with the Consolidated Decree of the United States Supreme Court in *Arizona v. California*, entered March 27, 2006 (547 U.S. 150 (2006)). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the form displays a currently valid Office of Management and Budget (OMB) control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to be 10 minutes which includes reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Bureau of Reclamation, Boulder Canyon Operations Office, Attention: LCB-4200, P.O. Box 61470, Boulder City, NV 89006-1470.

Instructions: Please type or print legibly the following information.

1. In the top section of this form
 - a. Name of the Contractor.
 - b. Contract number of contract for delivery of Colorado River water.