

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 | River Intakes (column a) | Wells (column b) | Metered Return Flow (column c) | Estimated Return Flow* (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.
 - c. Name of the Lower Division State within which the Contractor's entitlement is included (Arizona, California, or Nevada).
 - d. Calendar year for which the form is being completed.
2. In the middle section of this form:
 - a. Insert a checkmark to indicate the unit of measurement.
 - b. Column a—diversions from river intakes, if any, during each month and the annual total.
 - c. Column b – diversions from wells, if any, during each month and the annual total.
 - d. Column c – metered return flows, if any, during each month and the annual total.
 - e. Column d – estimated return flows, if any, during each month and the annual total.
 - f. The grand total of annual diversions (sum of columns a and b).
 - g. The grand total of annual return flows (sum of columns c and d).
3. In the bottom section of this form:
 - a. If return flows are estimated, insert a checkmark to indicate whether the method used is as set forth in the contract or by another method. If another method is used, please provide information about the method used.
 - b. List any new point(s) of diversion added during the calendar year.
 - c. The name and telephone number of the person submitting this report in case of questions.
 - d. The date the form is completed.
4. Return the completed Form LC-72A to the address shown at the bottom of the form. For your convenience, you may also submit the form via electronic email to: bor-sha-bcooadmin@usbr.gov.