

FORM 7015

Transfer of Water Allocation under the Diamond Valley Groundwater Management Plan

This Space for Office Use Only

Nevada Division of Water Resources (NDWR) 901 S. Stewart St., Ste. 2002, Carson City, NV 89701
Office: (775) 684-2800 / Fax: (775) 684-2811

Date: _____

I, _____,
declare that I am the owner or authorized agent for
the account identified below and that I hereby
authorize the transfer of _____ acre-feet
of water allocated under the Diamond Valley
Groundwater Management Plan from this account to
the account identified on the right.

From:

Account Number: _____

Name on Account: _____

Signed: _____
Signature of Owner or Agent

Address: _____
Street No. or PO Box

City, State and ZIP Code

Phone Number: _____

I, _____,
declare that I am the owner or authorized agent for
the account identified below and that I hereby
acknowledge the receipt of the water allocation being
transferred.

This is also a request for approval for additional
withdrawal from the well associated with the account
identified below pursuant to §14.8 of the Diamond
Valley Groundwater Management Plan.

To:

Account Number: _____

Name on Account: _____

Signed: _____
Signature of Owner or Agent

Address: _____
Street No. or PO Box

City, State and ZIP Code

Phone Number: _____

Office Use Only

Additional withdrawal from well Approved or Denied on _____ by _____

Accounts updated on _____ by _____

Office Review Notes: _____

Transaction Number: _____