

**Family Water Alliance, Inc.
Fish Screen Program
Sacramento, Feather, and Mokelumne River Diversions
Landowner Application**

Date: _____ **Landowner:** _____

Mailing Address: _____ **City, State, Zip:** _____

Telephone: _____ **Fax:** _____

Cell Phone: _____ **Email:** _____

Operator Name (if different from landowner): _____

Operator Telephone and/or Cell Phone: _____

Diversion Location/Address: _____ **County:** _____

River/River Mile: _____ **Assessor's Parcel Number:** _____

Diversion Latitude/Longitude: _____

Pump(s) Horsepower: _____ **Type of Pumps (i.e.: vertical or slant):** _____

Pumping Capacity (GPM or CFS): _____ **Water Right/Permit No.** _____

Timing of Average Irrigation Season(s): _____

Channel Characteristics at Intake (i.e.: straight channel, inside or outside bend):

_____ **Acreage/Crops Served or Other (M&I):** _____

Additional Information: _____

Please fill in the above information and mail form to: FWA Fish Screen Program, P.O. Box 365, Maxwell, CA 95955, or fax to: (530) 438-2940, or by email to: fwa@frontiernet.net. Thank you for your interest in the FWA Fish Screen Program.

Note: By submission of this form you are allowing us to include you in our Fish Screen Program landowner database. Submission of this form does not assure nor guarantee that you will receive funding for screening.