



**CASTAC BASIN GROUNDWATER SUSTAINABILITY AGENCY  
PROJECT / MANAGEMENT ACTION  
INFORMATION FORM**

<b>P/MA ID:</b>	<b>BASIN/MANAGEMENT AREA (if any):</b>
<b>TITLE:</b>	
<b>DESCRIPTION<sup>1</sup>:</b>	
<b>EXPECTED ANNUAL BENEFIT (demand reduction or supply augmentation, in acre-feet per year):</b>	
<b>AGENCY(s):</b> Primary/Lead: _____ Supporting: _____	
<b>LOCATION:</b> <span style="float:right;"><input type="checkbox"/> Check here if Basin-wide</span> Township / Range: _____ Coordinates (Latitude / Longitude): _____ Description: _____	
<b>AFFECTED SUSTAINABILITY INDICATOR (check all that apply):</b> <input type="checkbox"/> Chronic Lowering of Groundwater Levels <input type="checkbox"/> Reduction of Groundwater Storage <input type="checkbox"/> Seawater Intrusion <input type="checkbox"/> Degraded Water Quality <input type="checkbox"/> Land Subsidence <input type="checkbox"/> Depletions of Interconnected Surface Water	
<b>TYPE (check all that apply):</b> <input type="checkbox"/> Water Supply Augmentation <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater (Recharge) <input type="checkbox"/> Recycled Water <input type="checkbox"/> Transfer <input type="checkbox"/> Stormwater <input type="checkbox"/> Other Source of Outside Water (if applicable): _____ <input type="checkbox"/> Water Demand Reduction <input type="checkbox"/> Conservation <input type="checkbox"/> Land / Water Use Changes <input type="checkbox"/> Infrastructure / Capital Project <input type="checkbox"/> Policy Project <input type="checkbox"/> Data Gap Filling / Monitoring <input type="checkbox"/> Water Quality Improvement <input type="checkbox"/> Other: _____	

<sup>1</sup> Please continue to next page or attach additional pages to this form as necessary

**COSTS & FUNDING SOURCE(s):**

Capital / Up-front (\$): \_\_\_\_\_

Source(s): \_\_\_\_\_

O&M / On-going (\$ per year): \_\_\_\_\_

Source(s): \_\_\_\_\_

**REGULATORY / LEGAL AUTHORITY REQUIREMENTS (describe all that apply):**

Permits (name of authority, type of permit): \_\_\_\_\_

CEQA: \_\_\_\_\_

Other: \_\_\_\_\_

**SCHEDULE / TIMING:**

Implementation Trigger(s): \_\_\_\_\_

Termination Trigger(s): \_\_\_\_\_

Timeframe to Accrue Expected Benefits: \_\_\_\_\_

**ADDITIONAL DETAILS (as necessary):**