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The Irrigation Water Management Society

**CSWP Plan Presentation Verification Form**

Site name \_\_\_\_\_

Candidate name \_\_\_\_\_

Date \_\_\_\_\_

I \_\_\_\_\_ have reviewed the site water  
management plan presented to me by \_\_\_\_\_  
on \_\_\_\_\_ (date)

Signed \_\_\_\_\_  
(Owner, property manager or owner's representative)

Title \_\_\_\_\_