

Complete a separate notice for each well

Ojai Basin Groundwater Management Agency Water Recordation Program

Recordation Number

P.O. Box 1779 Ojai CA 93024 Phone: (805) 640-1207 Fax: (805) 640-1247
Website: www.obgma.com Email: obgma@aol.com

FIRST NOTICE OF GROUNDWATER EXTRACTION (Pursuant to Part 5, Division 2 of the Water Code)

1) Name of well owner _____
(Unless otherwise indicated, semi-annual notices will be sent to this name and address)

Address _____
Street Address or P.O. Box number City State Zip Code
Phone _____ Email _____

2) Name of person or entity extracting groundwater (if different than Item 1) _____

Address _____
Street Address or P.O. Box number City State Zip Code
Phone _____ Email _____

3) Owner's designation of well (well name) _____

4) County _____ Ventura _____

5) County Assessor's Parcel Number _____

6) State Well Number _____

7) Location Data Latitude _____
Degrees Minutes Seconds
Longitude _____
Degrees Minutes Seconds

Ground Surface Elevation (ft.) _____

8) Type of Water use (circle all that apply and provide data for each water use type)

Municipal Population Served _____
Domestic Number of persons in household _____ Season of Occupancy _____
Industrial Manufacturing or product type _____ Season of Operation _____
Agricultural Acreage irrigated _____ Crops served _____
Type of stock _____ Season of Operation _____
Other _____

9) Method of extraction measurement
____ Meter
____ Crop Factor
____ Minimum Use (less than one acre-foot semi-annually)
____ Estimate

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- 10) Do you also divert surface water? _____
Yes or No
- 11) If answer (to 10 above) is yes, how are you reporting surface water use? (circle one)
- A. Under statement of Water Diversion and Use procedures
 - B. Under Annual Recordation Notice procedures
 - C. Under Appropriative Water Right procedures
 - D. Not reporting
- 12) Is the place of use also served by another well _____ Another water source? _____
Yes or No Yes or No
- 13) If yes to either, describe _____
Please list the recordation numbers of other wells serving this operation (or State Well Numbers or Well Names)
- _____

WELL DATA (please complete to the best of your knowledge and records.)

- 14) Type, make, and horsepower of pump _____ Date installed _____
- 15) Power supply _____
Source Meter Number Date installed
- 16) Pump tests _____
Conducted by Date Discharge rate (GPM) Efficiency
- 17) Drilling method _____
- 18) Depth of well (feet) _____ 19) Date drilled _____
- 20) Casing diameter (inches) _____ 21) Casing length (feet) _____
- 22) Is well gravel packed (Yes or No) _____ 23) Packed intervals (feet) _____
- 24) What are the upper and lower depths of casing perforations? Upper _____ Lower _____
(Show feet from ground surface)
- 25) Are water level measurements available? _____ Where? _____
Most recent water level _____ Date water level measured _____
- 26) Include any other pertinent information relevant to the data provided above _____
- _____
- _____
- _____
- _____
- _____

Additional information to be attached to First Notice of Groundwater Extraction (if available; please check those attached)

- _____ Copy of Drillers log
- _____ Copy of SWAP report
- _____ Copy of water chemistry testing
- _____ Copy of e-logs if taken

PLEASE NOTE THAT A WILLFUL MISSTATEMENT IN THIS NOTICE IS A MISDEMEANOR PURSUANT TO SECTION 5008 OF THE WATER CODE.

I certify that the foregoing required notice and the attached data, if any, are true and correct to the best of my knowledge and belief.	
Name	_____
Signature	_____
Title	_____
Date	_____
Firm or Corporate Name	_____
Contact person if different than above	_____
Phone number	_____
E-mail	_____