## Ojai Basin Groundwater Management Agency P.O. Box 1779 Ojai, CA 93024

Phone: (805) 640-1207 Fax: (805) 640-1247

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## FORM FOR REGISTRATION OF GROUNDWATER EXTRACTION FACILITIES

Operators of groundwater extraction facilities are required to register their wells and provide related information to the Ojai Basin Groundwater Management Agency, per Agency Ordinance #7. New extraction facilities shall be registered by returning the registration form to the Agency within 30 calendar days following completion of construction and prior to groundwater extraction.

## PLEASE COMPLETE:

**OPERATOR:** Name:

Address:

City/State/Zip:

Telephone: Email:

**OPERATOR WELL NUMBER/NAME:** 

STATE WELL NUMBER:

DESCRIBE WELL LOCATIONS WITH ACCURATE SKETCH MAP:

Well Depth in Feet:		Casing Diameter, in Inches:
Pump Motor/engine (HP):		
Water Meter Size:	Serial No:	Manufacturer:
WELL WATER USE		
Irrigation: List number of	acres and crop types:	
Landscape: Number of acr	es:	
Domestic: Number of hou	ses served:	
Municipal or Industrial:		
Do any inactive water well If so, do you plan to reactive  THIS STATEME	s exist on your property vate or abandon these w	?
DATE:	SIGNATUI	RE:
OPERATOR:		
Return this form to:	Ojai Basin GMA P.O. Box 1779 Ojai, CA 93024	
Attach: Driller's Log First Notice for	r Recordation	