



**OJAI BASIN GROUNDWATER MANAGEMENT AGENCY
A STATE OF CALIFORNIA WATER AGENCY**

417 BRYANT CIRCLE, SUITE 112
OJAI CA 93023

P.O. BOX 1779
OJAI CA 93024

WWW.OBGMA.COM

WATER WELL REGISTRATION AND VERIFICATION REQUEST

GENERAL INFORMATION

Ojai Basin Groundwater Management Agency (OBGMA or Agency) requires all groundwater extraction facilities within its jurisdictional boundaries to be registered with the Agency. No extraction facility may be operated or otherwise utilized so as to extract groundwater within the boundaries of the Agency unless the facility is registered with the Agency, equipped with a water meter, and all extractions are reported to the Agency as required by OBGMA Ordinance No. 8. Written verification from the Agency is required prior to issuance of a well permit by the Ventura County Public Works Agency. The written verification must find that groundwater extraction by the proposed well would not be inconsistent with the Agency's Groundwater Sustainability Plan (GSP) for the Ojai Valley Groundwater Basin, and would not decrease the likelihood of achieving any of the sustainability goals the Agency has established for the Basin pursuant to the GSP.

ALL WELLS MUST HAVE A METER INSTALLED PER OBGMA ORDINANCE NO. 8

A. PROPERTY OWNER INFORMATION

NAME: _____
 PROPERTY ADDRESS: _____
 ASSESSOR'S PARCEL NUMBER: _____
 PHONE NO.: _____
 EMAIL: _____

B. OPERATOR INFORMATION (IF DIFFERENT FROM OWNER)

NAME: _____
 ADDRESS: _____
 PHONE NO.: _____
 EMAIL: _____

C. TYPE OF WELL

<input type="checkbox"/>	NEW	
<input type="checkbox"/>	REPLACEMENT	EXISTING WELL NO.: _____
<input type="checkbox"/>	ALTERATION OF EXISTING WELL	EXISTING WELL NO.: _____

D. TYPE OF USE

<input type="checkbox"/>	AGRICULTURAL IRRIGATION		
		<u>EXISTING</u>	
	<u>CROP TYPE</u>	<u>OR NEW?</u>	<u>ACREAGE</u>
	_____	_____	_____
			<u>TYPE OF IRRIGATION SYSTEM</u>

<input type="checkbox"/>	DOMESTIC	NO. OF HOUSING UNITS: _____	
<input type="checkbox"/>	MUNICIPAL		
<input type="checkbox"/>	INDUSTRIAL	TYPE OF INDUSTRY: _____	
<input type="checkbox"/>	MONITORING		



E. PROPOSED EXTRACTION

ACRE-FEET PER YEAR: _____

F. EXISTING WATER SUPPLY

NO OTHER SUPPLY
 EXISTING WELL WELL NO.: _____
 PUBLIC WATER SUPPLIER WATER AGENCY: _____

G. WELL DRILLER

NAME: _____
ADDRESS: _____
PHONE NO.: _____
EMAIL: _____

H. MAP REQUIREMENTS

Attach a map accurately plotted and show the location of the proposed well. If a replacement well, show location of existing well and distance to proposed well. Provide dimensions of area to be irrigated, indicating crop type for each area, as applicable. For domestic, municipal, or industrial, show the water distribution system and location of structures to be served. Include a north arrow, the Assessor's Parcel Number, and the nearest streets. No permit applications will be accepted without an adequate map.

I. APPLICANT SIGNATURE

By signing in the space below, the Applicant declares under penalty of perjury under the laws of the State of California that (1) the information provided with this form is true and correct, and (2) the Applicant/Owner/Operator of the proposed extraction facility agrees to comply with all Agency rules and regulations governing extraction facilities located within the boundaries of the Agency.

Applicant Date

A WELL COMPLETION REPORT MUST BE PROVIDED TO OBGMA WITHIN 30 DAYS OF COMPLETION

All Applications must be accompanied by:

- _____ Copy of VCPWA Well Permit Application
- _____ Acknowledgement Form
- _____ Indemnification Agreement
- _____ Deposit/Reimbursement Agreement
- _____ \$5,000 Deposit