

Complete a separate notice for each well



Recordation No. \_\_\_\_\_

## FIRST NOTICE OF GROUNDWATER EXTRACTION

(Pursuant to Part 5, Division 2 of the Water Code)

### 1. WELL OWNER NAME

Unless otherwise indicated, quarterly statements will be sent to this name and address.

Name: \_\_\_\_\_

Street Address or P.O. Box Number \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. NAME OF PERSON OR ENTITY EXTRACTING GROUNDWATER (If different from Item 1)

Name: \_\_\_\_\_

Street Address or P.O. Box Number \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### 3. WELL INFORMATION

Operator Well Number/Name: \_\_\_\_\_

State Well Number: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

GPS Coordinates: \_\_\_\_\_

Ground Surface Elevation (feet): \_\_\_\_\_

Type, make and horsepower of pump: \_\_\_\_\_

Date installed: \_\_\_\_\_

#### Power supply:

Source: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Date installed: \_\_\_\_\_

Office Address:  
Mailing Address:

417 Bryant Circle Drive, Suite 112, Ojai CA 93023  
P.O. Box 1779, Ojai CA 93024  
[www.obgma.com](http://www.obgma.com)

805.640.1207  
[obgma@aol.com](mailto:obgma@aol.com)

**Pump tests:**

Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

Discharge Rate (gpm): \_\_\_\_\_ Efficiency (%): \_\_\_\_\_

**Drilling Method:** \_\_\_\_\_

**Depth of Well (feet)** \_\_\_\_\_ **Date Drilled:** \_\_\_\_\_

**Casing Diameter (inches):** \_\_\_\_\_ **Casing Length (feet):** \_\_\_\_\_

**Is Well Gravel packed?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, packed intervals (feet): \_\_\_\_\_

**Upper Depth of Casing Perforation:** \_\_\_\_\_ **Lower Depth of Casing Perforation:** \_\_\_\_\_

(show feet from ground surface)

**Are water level measurements available?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, most recent water level: \_\_\_\_\_ Date measured: \_\_\_\_\_

**4. WATER USE**

Check all that apply and provide information for each type.

\_\_\_\_\_ **DOMESTIC/LANDSCAPE IRRIGATION**

Number of persons in household: \_\_\_\_\_ Season of Occupancy: \_\_\_\_\_

\_\_\_\_\_ **MUNICIPAL**

Population Served: \_\_\_\_\_

\_\_\_\_\_ **INDUSTRIAL**

Manufacturing or product type: \_\_\_\_\_

Season of Operation: \_\_\_\_\_

\_\_\_\_\_ **AGRICULTURAL**

Acreage Irrigated: \_\_\_\_\_ Crops grown: \_\_\_\_\_

Type of stock: \_\_\_\_\_ Season of Operation: \_\_\_\_\_

**Do you also divert surface water?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, how are you reporting surface water use?

\_\_\_\_\_ Under State of Water Diversion and use procedures

\_\_\_\_\_ Under Annual Recordation Notice procedures

\_\_\_\_\_ Under Appropriative Right procedures

\_\_\_\_\_ Not reporting

**Is the property also served by another well?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the recordation numbers or State Well Numbers: \_\_\_\_\_  
\_\_\_\_\_

**Is the property also served by another water source?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information to be attached to this First Notice of Groundwater Extraction, if available. Please check those attached.**

\_\_\_\_\_ Driller's Log

\_\_\_\_\_ Source Water Assessment and Protection (SWAP) Report

\_\_\_\_\_ Water Chemistry testing

\_\_\_\_\_ e-logs

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

**I certify the foregoing required notice and the attached data, if any, are true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Firm or Corporate Name**

\_\_\_\_\_  
**Contact Person if different from above**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email**