

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G191733%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLE ROCK CREEK IRRIGATION DISTRICT;

CK. # 23587
 DATE 3/31/05
 A/C # 609

By Bone

RECORDATION NO.: G191733
CONTACT PHONE NO.: (661)944-2015

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLE ROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLE ROCK, CA 93543

Owner's Designation of Well
DAM

State Well Number
05N/11W-27 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion
2. OWNERSHIP. Person listed below is:
 Owner of land on which well or point of diversion is located, and is extracting/diverting water.
 Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
 Owner of land, but lessee is extracting/diverting water.
 Other: Please explain: _____
3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →
4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →
5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

500 acre-feet
 cubic-feet
 gallons
 (Must be a specific number)

Annual quantity _____
 Season of diversion _____
 Begin _____
 End _____
 Maximum rate of diversion _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to:

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name:

Address:

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature:

By Bone

Date

3-30-05

Printed Name

Brad

Dones

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name:

L.C.I.D.

THIS SPACE FOR OFFICE USE ONLY

R.

AMT:

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS
 State of California, State Water Resources Control Board, Division of Water Rights
 P.O. BOX 2000, SACRAMENTO, CA 95812-2000
 Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov
ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT

CK. #	<u>23141</u>
DATE	<u>5/28/04</u>
A/C #	<u>609</u>
<u>B. J. Bones</u>	

RECORDATION NO.: G191733
 CONTACT PHONE NO.: (661)944-2015

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:
LITTLEROCK CREEK IRRIGATION DISTRICT
 35141 NORTH 87TH ST EAST
 LITTLEROCK, CA 93543

Owner's Designation of Well DAM	State Well Number 05N/11W-27 S	Parcel Number
------------------------------------	-----------------------------------	---------------

DEADLINE: Notices must be postmarked no later than June 30, 2004 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

- TYPE OF DIVERSION Groundwater extraction or Surface diversion
- OWNERSHIP. Person listed below is:
 - Owner of land on which well or point of diversion is located, and is extracting/diverting water.
 - Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
 - Owner of land, but lessee is extracting/diverting water.
 - Other: Please explain: _____
- AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →
- AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →
- METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
- TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

<u>460</u>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
(Must be a specific number)	

Annual quantity _____	<input type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
Season of diversion	
Begin _____	
End _____	
Maximum rate of diversion _____	

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)
- Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION: Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: B. J. Bones Date: 5-11-04

Printed Name: Brad (FIRST NAME) Bones (LAST NAME)

Company Name: Littlerock Creek Irr Dis

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights
P.O. BOX 2000, SACRAMENTO, CA 95812-2000.

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT;



G191733%G%2002
2002

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST
LITTLEROCK, CA 93543

RECORDATION NO.: G191733
CONTACT PHONE NO.: (861)944-2015

FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G191733
PASSWORD: D40024

Owner's Designation of Well
DAM

State Well Number
05N/11W-27 S

Parcel Number

DEADLINE: Notices must be postmarked no later than **August 31, 2003** in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other: Please explain: _____

750	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
(Must be a specific number)	

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

Annual quantity _____	<input type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
Season of diversion	
Begin _____	
End _____	
Maximum rate of diversion _____	

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required.)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)
- Transfer this file to: _____

Company Name: _____
 Address: _____
 Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: Brad Bones Today's Date Aug 31 2003

Printed Name Brad Bones
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LCID

THIS SPACE FOR OFFICE USE ONLY R. AMT:

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G191733%G%2001

2001

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST

LITTLEROCK, CA 93543

STATEMENT NO.: G191733
CONTACT PHONE NO.: (661)944-2015

FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G191733
PASSWORD: C40024

Owner's Designation of Well
DAM

State Well Number
05N/11W-27 S

Parcel Number

DEADLINE: Notices must be postmarked no later than June 30, 2002 in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION: Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: Permit from USFS

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: Recharge

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required.)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

_____	<input type="checkbox"/> acre-feet
_____	<input type="checkbox"/> cubic-feet
(Must be a specific number)	<input type="checkbox"/> gallons
Annual quantity <u>800</u>	<input checked="" type="checkbox"/> acre-feet
Season of diversion	<input type="checkbox"/> cubic-feet
Begin <u>March</u>	<input type="checkbox"/> gallons
End <u>April</u>	
Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comment:

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: [Signature] Today's Date 6/25/02

Printed Name David (FIRST NAME) Bones (M. NAME) Bones (LAST NAME)

Company Name: LCD

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California

State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION FOR 2000

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

DEADLINE: Notices must be postmarked no later than **June 30, 2001** in order to be recorded.

Owner of Record: LITTLE ROCK CREEK IRRIGATION DISTRICT ;

LITTLE ROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLE ROCK, CA 93543



Recordation No.: G191733

Password: 04190110040024

Phone Number: (661) 944-2015

Owner's Designation of Well
DAM

State Well Number
05N/11W-27 S

Parcel Number

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION

Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.

Other: Please explain: Permit from USFS

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: Recharge

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required.)
- Record my water-use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: Brad Bones Today's Date 5/29/01

Printed Name Brad Bones
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LCFD

THIS SPACE FOR OFFICE USE ONLY R. AMT:

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights
P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G191728%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLE ROCK CREEK IRRIGATION DISTRICT

CK. #	23587
DATE	3/31/05
A/C #	609
[Signature]	

RECORDATION NO.: G191728
CONTACT PHONE NO.: (661)944-2015

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLE ROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLE ROCK, CA 93543

Owner's Designation of Well
WELL NO 1

State Well Number
05N/11W-12R02 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion
2. OWNERSHIP. Person listed below is:
 - Owner of land on which well or point of diversion is located, and is extracting/diverting water.
 - Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
 - Owner of land, but lessee is extracting/diverting water.
 - Other: Please explain: _____
3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR _____
4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR _____
5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

395	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion _____	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____
 (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____
 (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: [Signature] Date: 3-30-05

Printed Name: Brad (FIRST NAME) Bones (LAST NAME)

Company Name: L.C.I.D.

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G191728%G%2003

2003

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT

CK. #	23141
DATE	5/28/04
A/C #	609
[Signature]	

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING

LITTLEROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST

LITTLEROCK, CA 93543

RECORDATION NO.: G191728
CONTACT PHONE NO.: (661)944-2015

Owner's Designation of Well

State Well Number

Parcel Number

WELL NO 1

05N/11W-12R02 S

DEADLINE: Notices must be postmarked no later than June 30, 2004 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

- TYPE OF DIVERSION Groundwater extraction or Surface diversion
- OWNERSHIP. Person listed below is:
 - Owner of land on which well or point of diversion is located, and is extracting/diverting water.
 - Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
 - Owner of land, but lessee is extracting/diverting water.
 - Other: Please explain: _____
- AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR
- AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR
- METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
- TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

360	<input checked="" type="checkbox"/> acre-feet
	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
(Must be a specific number)	

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)
- Transfer this file to: _____

Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: Bones Date: 5-11-04

Printed Name: Bones (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Littlerock Creek Irr Dist

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G191728%G%2002

2002

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST

LITTLEROCK, CA 93543

RECORDATION NO.: G191728
CONTACT PHONE NO.: (661)944-2015

FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G191728
PASSWORD: D40024

Owner's Designation of Well

WELL NO 1

State Well Number

05N/11W-12R02 S

Parcel Number

DEADLINE: Notices must be postmarked no later than August 31, 2003 in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required.)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)
- Transfer this file to: _____

340	<input checked="" type="checkbox"/> acre-feet
	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
(Must be a specific number)	

Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: [Signature] Today's Date: Aug 31 2003

Printed Name: BRAD (FIRST NAME) BONE (M. NAME) S (LAST NAME)

Company Name: L C I D

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights
P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



61917286%2001

2001

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLEROCK, CA 93543

STATEMENT NO.: G191728
CONTACT PHONE NO.: (661)944-2015
FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G191728
PASSWORD: C40024

Owner's Designation of Well

WELL NO 1

State Well Number

05N/11W-12R02 S

Parcel Number

DEADLINE: Notices must be postmarked no later than June 30, 2002 in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time -- fee required).

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required).

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

<p>295</p> <p>(Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
Annual quantity _____ Season of diversion Begin _____ End _____ Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: B. Bones Today's Date 6/25/02

Printed Name Brad (FIRST NAME) Bones (LAST NAME)

Company Name: LC ID

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California

State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION FOR 2000

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

DEADLINE: Notices must be postmarked no later than **June 30, 2001** in order to be recorded.

Owner of Record: LITTLE ROCK CREEK IRRIGATION DISTRICT ;

LITTLE ROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLE ROCK, CA 93543



Recordation No.: G191728

Password: 04190110040024

Phone Number: (661) 944-2015

Owner's Designation of Well
WELL NO 1

State Well Number
05N/11W-12R02 S

Parcel Number

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION

Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required.)
- Record my water-use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: B. J. Jones Today's Date 5/29/01

Printed Name B. J. Jones (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LCID

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights
P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G 193275 % G % 2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT

CK. #	23587
DATE	3/31/05
A/C #	609
B. J. Bones	

RECORDATION NO.: G193275
CONTACT PHONE NO.: (661)944-2015

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLEROCK, CA 93543

Owner's Designation of Well
#6A

State Well Number
06N/10W-31Q02 S

Parcel Number
3042-024-054

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____
(NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____
(MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: B. J. Bones Date: 3-30-05

Printed Name: Brad (FIRST NAME) Bones (LAST NAME)
(M. NAME)

Company Name: L.C.I.D.

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G193275%G%2003

2003

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT

CK. #	23141
DATE	5/28/04
A/C #	609
B. J. [Signature]	

RECORDATION NO.: G193275
CONTACT PHONE NO.: (661)944-2015

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST

LITTLEROCK, CA 93543

Owner's Designation of Well

State Well Number

Parcel Number

#6A

06N/10W-31Q02 S

3042-024-054

DEADLINE: Notices must be postmarked no later than June 30, 2004 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR _____

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR _____

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: B. J. Bones

Date: 5-11-04

Printed Name: Brad

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: Littlerock Creek Irr Dist

THIS SPACE FOR OFFICE USE ONLY

R. _____

AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights
P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G193275%G%2002
2002

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD - LITTLEROCK CREEK IRRIGATION DISTRICT;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:
LITTLEROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST
LITTLEROCK, CA 93543

RECORDATION NO.: G193275
CONTACT PHONE NO.: (661)944-2015
FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G193275
PASSWORD: D00089

Owner's Designation of Well
#6A

State Well Number
06N/10W-31Q02 S

Parcel Number
3042-024-054

DEADLINE: Notices must be postmarked no later than August 31, 2003 in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required.)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)
- Transfer this file to: _____

724	<input checked="" type="checkbox"/> acre-feet
	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
(Must be a specific number)	

Annual quantity _____	<input type="checkbox"/> acre-feet.
Season of diversion _____	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

(NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: RJB Today's Date Aug 31 2003

Printed Name Brad (FIRST NAME) (M. NAME) Boyes (LAST NAME)

Company Name: LCID

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California

State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION FOR 2000

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

DEADLINE: Notices must be postmarked no later than **June 30, 2001** in order to be recorded.

Owner of Record: LITTLE ROCK CREEK IRRIGATION DISTRICT ;

LITTLE ROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLE ROCK, CA 93543



Recordation No.: G193275
Password: 04190110000089
Phone Number: (661) 944-2015

Owner's Designation of Well
#6A

State Well Number
06N/10W-31Q02 S

Parcel Number
3042-024-054

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION

Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required.)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: B. Bones Today's Date 5/29/01

Printed Name Bones (FIRST NAME) J (M. NAME) Bones (LAST NAME)

Company Name: LCID

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights
P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G193274%G%2003

2003

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT

CK. #	23141
DATE	5/28/04
A/C #	609
[Signature]	

RECORDATION NO.: G193274
CONTACT PHONE NO.: (661)944-2015

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLEROCK, CA 93543

Owner's Designation of Well
#10

State Well Number
05N/10W-08H01 S

Parcel Number
3046-026-901

DEADLINE: Notices must be postmarked no later than June 30, 2004 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

- TYPE OF DIVERSION Groundwater extraction or Surface diversion
- OWNERSHIP. Person listed below is:
 - Owner of land on which well or point of diversion is located, and is extracting/diverting water.
 - Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
 - Owner of land, but lessee is extracting/diverting water.
 - Other: Please explain: _____
- AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →
- AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →
- METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
- TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

970	<input checked="" type="checkbox"/> acre-feet
	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

(Must be a specific number)

Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)
- Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: Brad Bones Date: 5-11-04

Printed Name: Brad (FIRST NAME) Bones (LAST NAME)

Company Name: Littlerock Creek Irr Dist.

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G193274%G%2002

2002

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLE ROCK CREEK IRRIGATION DISTRICT;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLE ROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST

LITTLE ROCK, CA 93543

RECORDATION NO.: G193274
CONTACT PHONE NO.: (861)944-2015

FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G193274
PASSWORD: D00089

Owner's Designation of Well

#10

State Well Number

05N/10W-08H01 S

Parcel Number

3046-026-901

DEADLINE: Notices must be postmarked no later than August 31, 2003 in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time -- fee required).

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: _____

RJ BONES
Bones

Today's Date

Aug 31 2003

Printed Name

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

LCID

THIS SPACE FOR OFFICE USE ONLY

R.

AMT:

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G193274%G%2001

2001

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLEROCK, CA 93543

STATEMENT NO.: G193274
CONTACT PHONE NO.: (661)944-2015

FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G193274
PASSWORD: C00089

Owner's Designation of Well
#10

State Well Number
05N/10W-08H01 S

Parcel Number
3046-026-901

DEADLINE: Notices must be postmarked no later than June 30, 2002 in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other:

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required.)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to:

(NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name:

Address: (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () Effective Date:

Form with handwritten '1012' and checkboxes for acre-feet, cubic-feet, gallons. Includes fields for Annual quantity, Season of diversion, Begin, End, and Maximum rate of diversion.

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: [Handwritten Signature] Today's Date 6/25/02

Printed Name [Handwritten Name] (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LCID

THIS SPACE FOR OFFICE USE ONLY R. AMT:

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California
State Water Resources Control Board, Division of Water Rights
P.O. BOX 2000, SACRAMENTO, CA 95812-2000
Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION FOR 2000

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

DEADLINE: Notices must be postmarked no later than June 30, 2001 in order to be recorded.

Owner of Record: LITTLE ROCK CREEK IRRIGATION DISTRICT ;

LITTLE ROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLE ROCK, CA 93543



Recordation No.: G193274
Password: 04190110000089
Phone Number: (661) 944-2015

Owner's Designation of Well
#10

State Well Number
05N/10W-08H01 S

Parcel Number
3046-026-901

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION

Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required.)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____
 (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)
 Company Name: _____
 Address: _____
 (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)
 Telephone: () _____ Effective Date: _____

1025 (Must be a specific number)	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
Annual quantity _____ Season of diversion _____ Begin _____ End _____ Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: Brad Bones Today's Date 5/29/01
 Printed Name Brad Bones
 (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: L C I D
 THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916)-341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G193388%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT

CR. # 23587
 DATE 3/31/05
 A/C # 609

B. J. Bones

RECORDATION NO.: G193388
CONTACT PHONE NO.: (661)944-2015

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLEROCK, CA 93543

Owner's Designation of Well
WELL # 11

State Well Number
05N/10W-08H02 S

Parcel Number
3046-026-024

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion
2. OWNERSHIP. Person listed below is:
 - Owner of land on which well or point of diversion is located, and is extracting/diverting water.
 - Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
 - Owner of land, but lessee is extracting/diverting water.
 - Other: Please explain: _____
3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →
4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →
5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

1051 acre-feet
 cubic-feet
 gallons
 (Must be a specific number)

Annual quantity _____ acre-feet
 Season of diversion _____ cubic-feet
 Begin _____ gallons
 End _____
 Maximum rate of diversion _____

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____
 (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____
 (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: B. J. Bones Date 3-30-05

Printed Name Brad Bones
 (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: L.C.I.O.

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights
P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT;



G193388%G%2002
2002

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:
LITTLEROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST
LITTLEROCK, CA 93543

RECORDATION NO.: G193388
CONTACT PHONE NO.: (661)944-2015

FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G193388
PASSWORD: D00089

Owner's Designation of Well
WELL # 11

State Well Number
05N/10W-08H02 S

Parcel Number
3046-026-024

DEADLINE: Notices must be postmarked no later than August 31, 2003 in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION: Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT: Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE: Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time – fee required.)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)
- Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____
(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____ Effective Date: _____

1053	<input checked="" type="checkbox"/> acre-feet
	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
(Must be a specific number)	
Annual quantity _____ <input type="checkbox"/> acre-feet	
Season of diversion _____ <input type="checkbox"/> cubic-feet	
Begin _____ <input type="checkbox"/> gallons	
End _____	
Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: BJ Jones Today's Date: 7-28-03

Printed Name: Brad (FIRST NAME) BONES (LAST NAME)

Company Name: LCID

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California, State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G 193388%G%2001

2001

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LITTLEROCK CREEK IRRIGATION DISTRICT

35141 NORTH 87TH ST EAST

LITTLEROCK, CA 93543

STATEMENT NO.: G193388
CONTACT PHONE NO.: (661)944-2015

FOR ONLINE REPORTING AT
www.waterrights.ca.gov

USER NAME: G193388
PASSWORD: C00089

Owner's Designation of Well

WELL # 11

State Well Number

05N/10W-08H02 S

Parcel Number

3046-026-024

DEADLINE: Notices must be postmarked no later than June 30, 2002 in order to be recorded.

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

- 1. TYPE OF DIVERSION Groundwater extraction or Surface diversion
- 2. OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other: Please explain: _____

- 3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR _____
- 4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR _____
- 5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
- 6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required.)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: Brad Bones Today's Date 6/25/02

Printed Name Brad (FIRST NAME) Bones (LAST NAME)

Company Name: LCRID

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS

State of California

State Water Resources Control Board, Division of Water Rights

P.O. BOX 2000, SACRAMENTO, CA 95812-2000

Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION FOR 2000

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

REQUIRED FEES: A filing fee of \$5.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

DEADLINE: Notices must be postmarked no later than June 30, 2001 in order to be recorded.

Owner of Record: LITTLE ROCK CREEK IRRIGATION DISTRICT ;

LITTLE ROCK CREEK IRRIGATION DISTRICT
35141 NORTH 87TH ST EAST
LITTLE ROCK, CA 93543



Recordation No.: ?
Password: 04190110000089
Phone Number: (661) 944-2015

Owner's Designation of Well

well # 11

* New Well *

State Well Number

05N/10W-08H02S

Parcel Number

3046-026-024

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION

Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required.)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to:

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct, to the best of my knowledge.

Signature: BJ Bones

Today's Date 5/29/01

Printed Name Brad

(FIRST NAME)

J
(M. NAME)

Bones
(LAST NAME)

Company Name: LCID

THIS SPACE FOR OFFICE USE ONLY

R.

AMT:

****PLEASE COMPLETE. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS****
 State of California, State Water Resources Control Board, Division of Water Rights
 P.O. BOX 2000, SACRAMENTO, CA 95812-2000
 Info: (916) 341-5300, FAX: (916) 341-5400, Web: http://www.waterrights.ca.gov
ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

New Well

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LITTLEROCK CREEK IRRIGATION DISTRICT

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:
 LITTLEROCK CREEK IRRIGATION DISTRICT
 35141 NORTH 87TH ST EAST
 LITTLEROCK, CA 93543

CK. #	23587
DATE	3/31/05
A/C #	609
B. J. Bones	

RECORDATION NO.:
 CONTACT PHONE NO.: (661)944-2015

Owner's Designation of Well
 Well # 12

State Well Number Parcel Number

OSN 10W 09 E 001 S

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

TYPE OF DIVERSION Groundwater extraction or Surface diversion

OWNERSHIP. Person listed below is:

- Owner of land on which well or point of diversion is located, and is extracting/diverting water.
- Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
- Owner of land, but lessee is extracting/diverting water.
- Other: Please explain: _____

AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR _____

AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR _____

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

ACTION REQUESTED:

- Close this file. (Files may be reopened at any time - fee required)
- Record my water use. (Fee required)
- Do not record my water use but keep my name on mailing list. (No fee required)

370	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion _____	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

Transfer this file to: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Company Name: _____

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: B. J. Bones Date: 3-30-05

Printed Name: Brad (FIRST NAME) Bones (LAST NAME)

Company Name: L. C. I. D. R. _____ AMT: _____