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

RECORDATION NO: G192722 OWNER OF RECORD: COUNTY OF LOS ANGELES			
COUNTY OF LOS ANGELES 900 SOUTH FREMONT AVENUE - 9TH FLOOR ALHAMBRA, CA 91803-1331			
			l:
(If any of the above information is inaccurate or missing, please correct. Notify this office if overlaps the coming year.)	-		nges occur
GROUNDWATER EXTRACTION OR SURFACE I		-	
PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFO	RE COM	PLETING TI	HIS NOTICE
DEADLINE: Notices must be postmarked no later than June 30, 1995, in order to be 1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is located, and is extracting/diver Lessee of land on which well or point of diversion is located, and is extracting/diver Owner of land, but lessee is extracting/diverting water. Other: Please explain:	rting water.		
2. Do you divert surface water and also extract ground water? yes no 🗲			
METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated METHOD OF MEASUREMENT TYPE OF WATER USE Agricultural Domestic or Municipal Other:		ecific number)	≝acre-feet □cubic-feet □gallons
S. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to:			
Transfer this file to:		(LAST NAME)	
Address:			
Telephone: Effective Date:	(CITY)	(STATE)	(ZIP CODE)
THIS SPACE FOR OFFICE USE ONLY		AM	

! ATE WATER RESOURCES CONTROL OARD DIVISION OF WATER RIGHTS P.O. Box 2000

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO	6192722	·		
	WELL SITE: TOWNS	HIP 8H	RANGE 13 LD	SECTION _34	7 5
	PARCEL NO.	-			
2.	PLEASE DESIGNATE	PERSON OR FIR	M TO RECEIVE	ALL CORRESPON	DENCE
	AND NOTICES:				
	OWNER/LESSEE/AGE	NT/OTHER	DUEL		
	NAME COUNT	y of cos	ANGELES		
	(FIRST)	4	(MIDDLE)	(LAST)	-
	MAILING ADDRESS				
		ALHAHBLA,		91803 - 1331	
	TELEPHONE NO. (_	,,	•	(ZIP)	
	_				
3.	PRIMARY PLACE OF	USE:			
	a. OWNER NAME				
	_	(FIRST)	(MIDDLE)	(LAST)	
					
	b. OWNER NAME	(FIRST)	(MIDDLE)		
	PARCEL NO.	(FIRDI)		(LAST)	
					
	PLEASE SHOW NAMES WELL PARCEL OWNER	, Addresses at S Below:	ND TELEPHONE	NUMBERS OF ALI	<u>.</u>
	a. OWNER NAME				
	VIII ING ADDDE	(FIRST)	(MIDDLE)	(LAST)	
	MAILING ADDRE	SS	·	, , , , , , , , , , , , , , , , , , , ,	
	<u> </u>	(CITY)	(STA	TE) (ZIP)	
	TELEPHONE NO.	()		(444)	
	P UMBB MYA				
	b. OWNER NAME	(PIRST)	(MIDDLE)	(LAST)	
	MAILING ADDRE	SS	•	,,	
	(c)	TY)	(STATE)	(ZIP)	
	TELEPHONE NO.	()	<u> </u>	·	

4. D ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

(1/95)

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

RECORDATION NO: G192543 OWNER OF RECORD: LA CO WATERWORK	S DIST NO	4			
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FL ALHAMBRA, CA 91803-1331	OOR				
OWNER'S DESIGNATION OF WELL: NO STATE WELL NO: 7N/12W-22B S	5 INSTALLE	•	FELEPHONE (818) 458 PARCEL NO	-7156	:
(If any of the above information is inaccurate or missi during the coming year.)		ect. Notify this office if	ownership or a	address char	nges occur
GROUNDWATER E	XTRACTION	OR SURFACE	DIVERSION	•	
PLEASE READ THE GENERAL INFORMATI	ON ON THE F	EVERSE SIDE BEF	ORE COMP	LETING TH	IIS NOTICE
1. OWNERSHIP. Person listed above is: Value Owner Of land on which well or point of diversity	version is locate				
2. Do you divert surface water and also extract gro		yes no	<u></u>		
3. AMOUNT OF WATER EXTRACTED/DIVERTED D METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated		WATER USE Agricultural Domestic or Municipal Other:			<pre> acre-feet cubic-feet gallons </pre>
4. ACTION REQUESTED: Close this file. (Files may be reopened at Do not record my water use but keep my Record my water use. (fee required.) Transfer this file to:	name on mailing	equired.) g list. (No fee required,			
Transfer this file to:(NEW OWNER'S FIRS' Company Name:	T NAME)	(M. NAME)		(LAST NAME)	
Addrono:					
Telephone:	ADDRESS)	Effective Date:	(CITY)	(STATE)	(ZIP CODE)
THIS SPACE FOR OFFICE LIGE ONLY					

DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

RECORDATION NO.			
WELL SITE: TOWN	NSHIP 12	RANGE 12 0	SECTION _22 3
PARCEL NO			
		RM TO RECEIVE AL	L CORRESPONDEN
AND NOTICES:			
OWNER/LESSEE/AG	SENT/OTHER	-wwek	•
NAME COUNTY			
(PIRST)		(MIDDLE)	(LAST)
MAILING ADDRESS	\$ 900 SOUTH	FREMONT AVENUE	9774 FLADE
	ALHAMORA	, ca	91803 - 1331
	(CITY)	(STATE)	,,
TELEPHONE NO.	(<u>08</u>) <u> </u>	458 - 1153	
PRIMARY PLACE OF	USE:		
a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
DARCET NO	(FIRST)		(LAST)
		····	
b. OWNER NAME	(PIRST)	(MIDDLE)	(LAST)
_	(PIRST)		(LAST)
PARCEL NO.	(FIRST)		
PARCEL NO.	(FIRST) S, ADDRESSES RS BELOW:		
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNER a. OWNER NAME	(FIRST) ADDRESSES RS BELOW:	AND TELEPHONE NU	
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNER a. OWNER NAME	(FIRST) ES, ADDRESSES ERS BELOW:	AND TELEPHONE NU	MBERS OF ALL
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNER a. OWNER NAME	(FIRST) ADDRESSES ERS BELOW: (FIRST)	AND TELEPHONE NU	MBERS OF ALL (LAST)
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNE a. OWNER NAME MAILING ADDI	(FIRST) ADDRESSES RS BELOW: (FIRST) RESS (CITY)	AND TELEPHONE NU	MBERS OF ALL
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNE a. OWNER NAME MAILING ADDI TELEPHONE NO	(FIRST) RESS (CITY) (CITY)	AND TELEPHONE NU	MBERS OF ALL
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNE a. OWNER NAME MAILING ADDI	(FIRST) ES, ADDRESSES ERS BELOW: (FIRST) RESS (CITY) D. ()	AND TELEPHONE NU	(LAST)
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNER a. OWNER NAME MAILING ADDITELEPHONE NO. b. OWNER NAME	(FIRST) RESS (CITY) (FIRST)	(MIDDLE) (MIDDLE)	MBERS OF ALL
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNER a. OWNER NAME MAILING ADDITELEPHONE NO. b. OWNER NAME	(FIRST) ES, ADDRESSES ERS BELOW: (FIRST) RESS (CITY) D. ()	(MIDDLE) (MIDDLE)	(LAST)
PARCEL NO. PLEASE SHOW NAME WELL PARCEL OWNER a. OWNER NAME MAILING ADDITELEPHONE NO. b. OWNER NAME	(FIRST) RESS (CITY) (FIRST)	(MIDDLE) (MIDDLE)	(LAST)

4.

ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

(1/95)

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

			_
RECORDATION NO: G192546 OWNER OF RECORD: LA CO WATERWORKS DIST NO) 4		
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331			
OWNER'S DESIGNATION OF WELL: NO 9 INSTALI STATE WELL NO: 7N/12W-15R S	ED AUG 1953	TELEPHONE (818) 458 PARCEL NO	-7156
(If any of the above information is inaccurate or missing, please corduring the coming year.)		ownership or a	ddress changes occur
	OR SURFAC	E DIVERSION	
PLEASE READ THE GENERAL INFORMATION ON THE	REVERSE SIDE BE	FORE COMP	LETING THIS NOTICE
1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is local Lessee of land on which well or point of diversion is local Owner of land, but lessee is extracting/diverting water. Other: Please explain:	ed, and is extracting/div	erting water.	
2. Do you divert surface water and also extract ground water?	yes no _	×	
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALE	NDAR YEAR —	528.	acre-feet
METHOD OF MEASUREMENT TYPE	OF WATER USE	(Must be a spe	clic number)CUDIC-feet
<u></u> ✓ Water Meter	Agricultural		□ gallons
Power Meter	Domestic or Municip		
Nonmetered or Estimated	Other:		
ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on maili Record my water use. (fee required.)	required.) ng list. (No fee required)	
Transfer this file to: (NEW OWNER'S FIRST NAME)	(M. NAME)		(LAST NAME)
Company Name:	··		
Address:(STREET ADDRESS)		(CITY)	(STATE) ZIP COOF
Telephone:	Effective Date: _		
THIS SPACE FOR OFFICE USE ONLY		B	AMT.

STITE WATER RESOURCES CONTROL DARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

WELL SITE: TOWNS	HIP TN	RANGE 1200	SECTION 15 R
PARCEL NO		_	
PLEASE DESIGNATE	PERSON OR F	IRM TO RECEIVE	ALL CORRESPOND
AND NOTICES:			
OWNER/LESSEE/AGE	NT/OTHER	OWNEL	
NAME COUNTY	if was	ANCELES	
(FIRST)		(MIDDLE)	(LAST)
MAILING ADDRESS			
	ALHAMBAA	, CA 9180	03 - 1331
	(CITY)	(STA	TE) (ZIP)
TELEPHONE NO. (_	<u> </u>	458 - 7153	
PRIMARY PLACE OF	USE :		
a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO	•	,,	(IMSI)
b. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
PLEASE SHOW NAMES, WELL PARCEL OWNER,	, ADDRESSES S BELOW:	AND TELEPHONE	NUMBERS OF ALL
a. OWNER NAME			
	(PIRST)	(MIDDLE)	(LAST)
MAILING ADDRES	3S		
	(CITY)	(STAT	E) (ZIP)
TELEPHONE NO.	() _		·
o. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDRES	3S		
TELEPHONE NO.	TY)	(STATE)	(ZIP)

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

(1/95)

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

ANNUAL RECORDATION NOTICE

RECORDATION NO: G192554 OWNER OF RECORD: CLA CO WATERWORKS DIST NO 4 CLA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 12 STATE WELL NO: 7N/12W-21C S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) → GROUNDWATER EXTRACTION OR L SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE \$5.00 is required for each Annual Recordation Notice. Check or money order should **REQUIRED FEES:** A filing fee of 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, , in order to be recorded. 1. OWNERSHIP. Person listed above is: Qwner 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ no 🗠 2. Do you divert surface water and also extract ground water? 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR acre-feet 290.B\$ cubic-feet (Must be a specific number) TYPE OF WATER USE METHOD OF MEASUREMENT qallons q Agricultural Water Meter Power Meter Domestic or Municipal Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.)

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

Transfer this file to: (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: _

(STATE)

(STREET ADDRESS) Effective Date: . Telephone: ___

R. AMT: THIS SPACE FOR OFFICE USE ONLY

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO WELL SITE: TOWNS	6 19 2554 HIP 1N RI	INGE 17-	SECTION 21 - 5
2.	PARCEL NO. PLEASE DESIGNATE AND NOTICES: OWNER/LESSEE/AGE			CORRESPONDENCE
	NAME COUTY			. 'u
	NAME COUNTY (PIRST)		(MIDDLE)	(LAST)
	MAILING ADDRESS	900 504TH	FREMONT AUE	NUE, 9TH FLOOR
		ALHAMBRA	, CA 911	303-1331
		(CITY)	(STATE)	
	TELEPHONE NO. (_	88) 460	1153	
3.	PRIMARY PLACE OF	USE:		
	a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO			
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	PLEASE SHOW NAMES WELL PARCEL OWNER		D TELEPHONE NU	MBERS OF ALL
	a. OWNER NAME			
	MAILING ADDRE	(FIRST)	(MIDDLE)	(LAST)
	.	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO.	. ()		
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRI	SSS		
		CITY)	(STATE)	(ZIP)
	TELEPHONE NO	. ()		

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□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192729 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 15 STATE WELL NO: 7N/12W-11M S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) SURFACE DIVERSION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above is: A Dwner 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? no 🗡 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR acre-feet 158.14 cubic-feet **METHOD OF MEASUREMENT** (Must be a specific number) TYPE OF WATER USE gallons - Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) K Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: _ (STREET ADDRESS) (CITY) (STATE) Telephone:_ Effective Date: .

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THIS SPACE FOR OFFICE USE ONLY

TATE WATER RESOURCES CONT: , BOARD DIVISION OF WATER RIGHTS P.O. Box 2000

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECORDATION NO	6192729		
WELL SITE: TOWNS		ANGE LW SE	ECTION II M 5
PARCEL NO.			
2. PLEASE DESIGNATE	PERSON OR FIRM	TO RECEIVE ALL	CORRESPONDENCE
AND NOTICES:			
OWNER/LESSEE/AGE	NT/OTHER	2NEL	
NAME COUNT			
(FIRST) MAILING ADDRESS		(MIDDIE)	LE, 9TH FLOOR
		<u>a</u> 9180	
	(CITY)	(STATE)	(ZIP)
TELEPHONE NO. (_	<u>818)</u> 40	0 - 1153	
3. PRIMARY PLACE OF	USE:		
a. OWNER NAME			····
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
b. OWNER NAME			·······
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
PLEASE SHOW NAMES WELL PARCEL OWNER	-	D TELEPHONE NUME	BERS OF ALL
a. OWNER NAME			· · · · · · · · · · · · · · · · · · ·
	(PIRST)	(MIDDLE)	(LAST)
MAILING ADDRE	SS		
	(CITY)	(STATE)	(ZIP)
TELEPHONE NO.	()	<u> </u>	····
b. OWNER NAME			
D. ONNER MALE	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDRE	ss		
(0	ITY)	(STATE)	(ZIP)
TELEPHONE NO.	()		

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ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994

ANNUAL RECORDATION NOTICE

RECORDATION NO: G192557
OWNER OF RECORD: CLA CO WATERWORKS DIST NO 4

CLA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

CWNER'S DESIGNATION OF WELL: NO 17 STATE WELL NO: 7N/12W-15R S

TELEPHONE NUMBER: (818) 458-7156
PARCEL NO:

PA	ARCEL NO):	
(If any of the above information is inaccurate or missing, please correct. Notify this office if own during the coming year.)		ddress chang	es occur
GROUNDWATER EXTRACTION OR SURFACE D	IVERSION		
PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFO	RE COMP	LETING THI	S NOTICE
REQUIRED FEES: A filling fee of is required for each Annual Recordatio indicate your recordation number(s) and be made payable to: STATE WATER RESOURCES	n Notice. C CONTROL	heck or money BOARD. Do r	y order should not send cash
DEADLINE: Notices must be postmarked no later than June 30, in order to be re-	ecorded.		
1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is located, and is extracting/divert Lessee of land on which well or point of diversion is located, and is extracting/diverting Owner of land, but lessee is extracting/diverting water. Other: Please explain:	ting water. ting water.		
2. Do you divert surface water and also extract ground water? yes no			
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR			acre-feet
METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated TYPE OF WATER USE Agricultural Domestic or Municipal Other:	(Must be a spe	<u>67</u> _	⊒cubic-feet ⊒gallons
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME) (M. NAME)	· · · · -	(LÄST NAME)	
· •			
Address:	(CITY)	(STATE)	(ZIP CODE)
Telephone: Effective Date:			
THIS SPACE FOR OFFICE USE ONLY	R	AMT	 r.

'ATE WATER RESOURCES CONTF BOARD DIVISION OF WATER RIGHLS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

PLEASE DESIGNATE		TO RECEIVE	ALL CORRESPONDE
AND NOTICES:			
OWNER/LESSEE/AGE	NT/OTHER	-	
NAME COUNTY C	F LOS ANGE	LES	
(FIRST)		(MIDDLE)	(LAST)
MAILING ADDRESS	100 South	FREHONT	AVENUE, 9THFU
	ALHAMBRA	, < 0	11803 - 1331
	(CITY)		ATE) (ZIP)
TELEPHONE NO. (_	818) 468	- 7153	
PRIMARY PLACE OF	nse ·		
PRIMARI PLACE OF	552 .		
a. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
b. OWNER NAME		(
	(FIRST)	(MIDDLB)	(LAST)
PARCEL NO			
PLEASE SHOW NAMES WELL PARCEL OWNER	=	TELEPHONE	NUMBERS OF ALL
a. OWNER NAME		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	(FIRST)	(WIDDLE)	(LAST)
MAILING ADDRE	ss		
	(CITY)	(STA	777\ (77.7)
			TE) (ZIP)
WAI ADRONE NO	1	_	
TELEPHONE NO.	()		
TELEPHONE NO.			
			(LAST)
b. OWNER NAME		(MIDDLE)	
b. OWNER NAME	(FIRST)	(MIDDLE)	

4. □ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

	コ
RECORDATION NO: G192558 OWNER OF RECORD: CLA CO WATERWORKS DIST N	NO 4
CLA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331	
CWNER'S DESIGNATION OF WELL: NO 18 STATE WELL NO: 7N/12W-9M S	TELEPHONE NUMBER: (818) 458-7156 PARCEL NO:
(If any of the above information is inaccurate or missing, please conduring the coming year.)	
GROUNDWATER EXTRACTION	OR SURFACE DIVERSION
PLEASE READ THE GENERAL INFORMATION ON THE	REVERSE SIDE BEFORE COMPLETING THIS NOTICE
indicate your recordation number(s) and be made payable to: STAT DEADLINE: Notices must be postmarked no later than June 30, 1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is located by the state of land on which well or point of diversion is located by the state of land, but lessee is extracting/diverting water. Other: Please explain:	, in order to be recorded. ed, and is extracting/diverting water. led, and is extracting/diverting water.
2. Do you divert surface water and also extract ground water?	yes no 🗻
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALE METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated	MDAR YEAR Comparison of the
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on maili Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME) Company Name:	
Address:(STREET ADDRESS) Telephone:	(CITY) (STATE) (ZIP CODE) Effective Date:

AMT:

R.

THIS SPACE FOR OFFICE USE ONLY

CATE WATER RESOURCES CONTI , BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO 619 2568
	WELL SITE: TOWNSHIP 7H RANGE 12 W SECTION 9H15
	PARCEL NO.
2.	PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE
	AND NOTICES:
	OWNER/LESSEE/AGENT/OTHER
	NAME COUNTY OF LOS ANGELES
	MAILING ADDRESS 900 SOUTH FREHOUT AND LEST OF FREE
	MAILING ADDRESS ALMANBRA CA 91803-1331
	TELEPHONE NO. (
3.	PRIMARY PLACE OF USE:
	a. OWNER NAME
	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
	PARCEL NO.
	b. OWNER NAME
	PARCEL NO.
	PLEASE SHOW NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL WELL PARCEL OWNERS BELOW:
	a. OWNER NAME
	(FIRST) (MIDDLE) (LAST) MAILING ADDRESS
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. ()
	b. OWNER NAME (FIRST) (MIDDLE) (LAST)
	MAILING ADDRESS
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. ()

4.

□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

				一
RECORDATION NO: G192730 OWNER OF RECORD: LA CO WATERWORKS DIST NO	4			
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331				
OWNER'S DESIGNATION OF WELL: NO 19 STATE WELL NO: 7N/12W-27H S		TELEPHONE (818) 458 PARCEL NO	3-7156	.
(If any of the above information is inaccurate or missing, please correduring the coming year.)	ect. Notify this office if o	wnership or a	address char	iges occur
GROUNDWATER EXTRACTION	OR SURFACE	DIVERSION		
PLEASE READ THE GENERAL INFORMATION ON THE F			I ETING TO	UC NOTICE
 DEADLINE: Notices must be postmarked no later than June 30, 19 1. OWNERSHIP. Person listed above is: Owner Other: Please explain: DEADLINE: Notices must be postmarked no later than June 30, 19 1. OWNERSHIP. Person listed above is: Owner Other: Please explain: 	d, and is extracting/dive	erting water.		
Do you divert surface water and also extract ground water?AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALEN	yes nox	<u></u>		
	WATER USE Agricultural Domestic or Municipa Other:	(Must be a spe		⊒acre-feet ⊒cubic-feet ⊒gallons
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee re Do not record my water use but keep my name on mailing Record my water use. (fee required.) Transfer this file to:	equired.) g list. (No fee required)			
Transfer this file to: (NEW OWNER'S FIRST NAME) Company Name:	(M. NAME)		(LAST NAME)	
Addross				
(STREET ADDRESS)		(CITY)	(STATE)	(ZIP CODE)
Telephone:	Effective Date:			
THIS SPACE FOR OFFICE USE ONLY		B	A N 47	. .

P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO	6192730	2		
	WELL SITE: TOWNS			SECTION	27 45
	PARCEL NO.				
2.	PLEASE DESIGNATE		IRM TO RECEIVE	E ALL CORRES	PONDENCE
	AND NOTICES:				
	OWNER/LESSEE/AGE	NT/OTHER	O WONER		
	NAME COUNTY	of Los	ANGELES		
	(PIRST) MAILING ADDRESS	980 304	(MIDDLE) TH FRENCHT	AUENUE, 9T	r) H FLOOR
			4		
	TELEPHONE NO. (_	(CITY)	(STATE)	
3.	PRIMARY PLACE OF	USE:			
	a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)	
	PARCEL NO		<u></u> ,		
	b. OWNER NAME	(PIRST)	(MIDDLE)	(LAST)	
	PARCEL NO				
	PLEASE SHOW NAMES WELL PARCEL OWNER		AND TELEPHON	E NUMBERS OF	ALL
	a. OWNER NAME				
		(FIRST)	(MIDDLE)	(1	LAST)
	MAILING ADDRE	SS			
		(CITY)	(2	TATE)	(ZIP)
	TELEPHONE NO.	()	<u> </u>	······	
	b. OWNER NAME	(PIRST)	(MIDDLE)	(LAST	
	MAILING ADDRE	,			·
	(c	ITY)	(STAT)	B) (ZIP)	
	TELEPHONE NO.	()	-		<u></u>

4.

□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

RECORDATION NO: G192731 OWNER OF RECORD: LA CO WATERWORKS	DIST NO 4			
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOO ALHAMBRA, CA 91803-1331	R			
OWNER'S DESIGNATION OF WELL: NO 20 STATE WELL NO: 7N/12W-9M S		TELEPHONE (818) 458 PARCEL NO	-7156	:
(If any of the above information is inaccurate or missing, during the coming year.)		·	ddress char	nges occur
GROUNDWATER EXT		DIVERSION		
PLEASE READ THE GENERAL INFORMATION	I ON THE REVERSE SIDE BEI	ORE COMPI	ETING TH	IIS NOTICE
1. OWNERSHIP. Person listed above is: \[\sum_{Owner} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	sion is located, and is extracting/di	verting water. verting water.		
2. Do you divert surface water and also extract groun	nd water? yes no	yeananananananananananananananananananan		unnanananan
3. AMOUNT OF WATER EXTRACTED/DIVERTED DUP	RING CALENDAR YEAR	4	5 [⊒acre-feet
METHOD OF MEASUREMENT	TYPE OF WATER USE	(Must be a spec	rific number)	□cubic-feet □gallons
Water Meter Power Meter	Agricultural Domestic or Municip	al		-
Nonmetered or Estimated	Other:	аі 		
I. ACTION REQUESTED: Close this file. (Files may be reopened at any Do not record my water use but keep my name X Record my water use. (fee required.)	ne on mailing list. (No fee required)		
Transfer this file to:	(M. NAME)		(LAST NAME)	
Address				
(STREET ADD		(CITY)	(STATE)	(ZIP CODE)
Telephone:	Effective Date: _			
THIS SPACE FOR OFFICE HEE ONLY			A A 4*	-

F 'TE WATER RESOURCES CONTROL DARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

	6192731		
WELL SITE: TOWN	SHIP	RANGE 12 W	SECTION _9 M
PARCEL NO	·		
PLEASE DESIGNATE	PERSON OR FIR	RM TO RECEIVE A	LL CORRESPONDE
AND NOTICES:			
OWNER/LESSEE/AG	ENT/OTHER Ow	NET	
NAME COUNTY			
(FIRST)		(MIDDLE)	(LAST)
MAILING ADDRESS	900 SOUTH	FLEMONT AND	V4E
	ALHAM BRA	ca e	11803 - 1331
	(CITY)		(ZIP)
TELEPHONE NO. (810) 4	58 - <u>7153</u>	
PRIMARY PLACE OF	, 11CP.		
PRIMARI PINCE OF	UDB.		
a. OWNER NAME _			·
	(FIRST)	(MIDDLE)	(LAST)
			
b. OWNER NAME _			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO.	· · · · · ·		
PLEASE SHOW NAME WELL PARCEL OWNE	-	AND TELEPHONE N	MBERS OF ALL
	RS BELOW:	AND TELEPHONE N	MBERS OF ALL
WELL PARCEL OWNE a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME	RS BELOW:	(MIDDLE)	
WELL PARCEL OWNE a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR	(FIRST) (ESS	(MIDDLE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR	(FIRST)	(MIDDLE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR	(FIRST) (ESS	(MIDDLE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR TELEPHONE NO	(FIRST) (ESS	(MIDDLE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR TELEPHONE NO	(FIRST) (CITY) (FIRST)	(MIDDLE) (STATE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR TELEPHONE NO b. OWNER NAME	(FIRST) (CITY) (FIRST)	(MIDDLE) (STATE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR TELEPHONE NO b. OWNER NAME MAILING ADDR	(FIRST) (CITY) (FIRST)	(MIDDLE) (STATE)	(LAST)

4. D ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

(1/95)

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192942 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: WELL NO 22 STATE WELL NO: 7N/13W-24M S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) SURFACE DIVERSION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? yes L no 🔀 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR acre-feet -47 Cubic-feet METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE allons Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: _ 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: ___ (NEW OWNER'S FIRST NAME) (M NAME) (LAST NAME) Company Name: __ Address: _ (STREET ADDRESS) (STATE) Telephone:_ Effective Date: _ THIS SPACE FOR OFFICE USE ONLY AMT:

f \TE WATER RESOURCES CONTROL OARD DIVISION OF WATER RIGHTS P.O. Box 2000

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO	G192942		
	WELL SITE: TOWNS	HIP TW	RANGE 13W	SECTION 24 M 3
	PARCEL NO.			
2.	PLEASE DESIGNATE	PERSON OR F	IRM TO RECEIVE AL	L CORRESPONDENCE
	AND NOTICES:			
	OWNER/LESSEE/AGE	NT/OTHER 🕏	WER	
	NAME COUNTY	of Los	ANGELES	
	(FIRST)		(MIDDLE)	(LAST)
	MAILING ADDRESS	900 500	TH FREMONT AVE	NUE , 9TA FUCE
		AHAMBAA	, CA 1100	3 - 1331
		(CITY)	,	(ZIP)
	TELEPHONE NO. (_	8B) 4	58 - 1153	····
3.	PRIMARY PLACE OF	псв.		
3.	PRIMARI PLACE OF	USE:		
	a. OWNER NAME	·	···	
		(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO			
	b. Owner name		n=+ v -10====================================	
		(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO	······································		
	PLEASE SHOW NAMES WELL PARCEL OWNER		AND TELEPHONE NO	MBERS OF ALL
	a. OWNER NAME			
		(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	ss		
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO.	. () _		
	b. OWNER NAME	(FIRST)	(MIDDLB)	(LAST)
	WATE TWO ANDRE			(MASI)
	MAILING ADDRE			
		CITY)	(STATE)	(ZIP)
	·		- /prv:q)	\was /
	TELEPHONE NO.	· '		

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ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192945 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: WELL NO 25 STATE WELL NO: 7N/12W-21C S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) SURFACE DIVERSION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above is: (water.) 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ no 🔀 2. Do you divert surface water and also extract ground water? ves 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR 293.33 cubic-feet (Must be a specific number) METHOD OF MEASUREMENT TYPE OF WATER USE gallons ∠ Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: ___ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address: _ (STREET ADDRESS) (CITY) (STATE) (ZIP CODE) Telephone:_ Effective Date: THIS SPACE FOR OFFICE USE ONLY AMT: R.

TATE WATER RESOURCES CONT: DOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION

INFORMATION SHEET 1. RECORDATION NO. 6192945 WELL SITE: TOWNSHIP 7 RANGE 12 SECTION PARCEL NO. 2. PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE AND NOTICES: OWNER/LESSEE/AGENT/OTHER NAME COUNTY OF US ANTELES (MIDDLE) MAILING ADDRESS 900 SOUTH FROMONT AVENE, 9TH FLOOR ALHAMBRA, CA 91803-1331 TELEPHONE NO. (88) 466 - 1153 3. PRIMARY PLACE OF USE: a. OWNER NAME ____ (MIDDLE) (FIRST) (LAST) PARCEL NO. _____ b. OWNER NAME ____ (FIRST) (MIDDLE) (LAST) PARCEL NO. PLEASE SHOW NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL WELL PARCEL OWNERS BELOW: a. OWNER NAME ___ (MIDDLE) (LAST) MAILING ADDRESS ____ (CITY) (STATE) TELEPHONE NO. (_____) ____b. OWNER NAME ___ MAILING ADDRESS _____ (STATE) (CITY) TELEPHONE NO. (______ - ______

4.

ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1					
RECORDATION NO	D: G193045 RD: LA CO WATERWORKS DIS	T NO 4			
LA CO WATERWON 900 SOUTH FREN ALHAMBRA, CA S	MONT AVENUE, 9TH FLOOR				
OWNER'S DESIGN STATE WELL NO:	NATION OF WELL: NO 26: 7N/12W-15R S		TELEPHON (818) 45 PARCEL N		:
(If any of the above info during the coming year	·				nges occur
DI EACE DEAD TO	GROUNDWATER EXTRAC		DIVERSIO		
PLEASE READ IF	HE GENERAL INFORMATION ON	THE REVERSE SIDE BEI	ORE COM	PLETING TI	HIS NOTICE
1. OWNERSHIP. Perso 2. Owner of lan Lessee of lan Owner of lan Owner of lan Other: Pleas	on number(s) and be made payable to: ust be postmarked no later than June is on listed above is: nd on which well or point of diversion is nd on which well or point of diversion is nd, but lessee is extracting/diverting we e explain:	30, 1995 , in order to be located, and is extracting/divisionated, and is extracting/divisionater.	ES CONTRO e recorded. retting water	L BOARD. Do	o not send cash
2. Do you divert surfac	e water and also extract ground wa	ter? yes no 🔀	<u> </u>		
METHOD OF MEASUREM Water Meter Power Meter	•	TYPE OF WATER USE Agricultural Domestic or Municipal Other:	-	30 Decific number)	x acre-feet ☐ cubic-feet ☐ gallons
Do not recor	e. (Files may be reopened at any time of my water use but keep my name on vater use. (fee required.) file to: (NEW OWNER'S FIRST NAME)	mailing list. (No fee required)			
Company Na	ame:	(M. NAME)		(LAST NAME)	
Address:	(STREET ADDRESS)				
Telephone:_	(STHEET ADDRESS)	Effective Date:	(CITY)	(STATE)	(ZIP CODE)
THIS SPACE FOR	OFFICE USE ONLY		P	AM ⁻	r.
				/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

TATE WATER RESOURCES CONT', BOARD DIVISION OF WATER RIG...'S P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO	6193045		
	WELL SITE: TOWNS	SHIP THE	LANGE 1200 S	ECTION 15 es
	PARCEL NO.			
2.	PLEASE DESIGNATE	PERSON OR FIRM	TO RECEIVE ALL	CORRESPONDENCE
	AND NOTICES:			
	OWNER/LESSEE/AGE	NT/OTHER	En	
	NAME COUNTY			
	(0.70.00)		((LAST)
	MAILING ADDRESS	900 SOUTH	FREMONT AVENU	IE, 974 FLOOR
		ALHAMBRA	. CA 91803.	-133/
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. (_	818 458	- 1153	
3.	PRIMARY PLACE OF	USE:		
	a. OWNER NAME	(FIRST)	(MIDDLE)	(7.20)
	DADCEL NO	(FIRSI)	. –,	(LAST)
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO		,	(22)
	PLEASE SHOW NAMES WELL PARCEL OWNER		D TELEPHONE NUMI	BERS OF ALL
	a. OWNER NAME		····	
		(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	SS		
			······································	
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()	<u> </u>	
	b. OWNER NAME			
		(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	SS		
		ITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()	-	

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

4.

ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193046 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 27 STATE WELL NO: 7N/12W-24M S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) SURFACE DIVERSION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP, Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? ves no 🗶 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR acre-feet 2.76 cubic-feet (Must be a specific number) METHOD OF MEASUREMENT TYPE OF WATER USE □ gallons Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: ___ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address: _ (STREET ADDRESS) (CITY) Telephone: _ Effective Date: _ THIS SPACE FOR OFFICE USE ONLY R. AMT:

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO. 6193	046	_		
- •	WELL SITE: TOWNSHIP 7	~ RA	NGE 12 W	SECTION 24	4 M5
	PARCEL NO.				
2.	PLEASE DESIGNATE PERSON	OR FIRM	TO RECEIVE	ALL CORRESPON	IDENCE
۷.	AND NOTICES:	OK 1 1101			(DIIICI
	OWNER/LESSEE/AGENT/OTHE	o ouné	0-		
	NAME COUNTY OF L	DE ANG	-EL-05		
	(FIRST)		(MIDDLE)	(LAST)	
	MAILING ADDRESS	South	FLEMENT	AVENUE, ATT	+ FLOOR
	AcHan		CA 718	103-1331	
	·	TY)	(ST)	ATE) (ZIP)	
	TELEPHONE NO. (8)	458	- 753		
3.	PRIMARY PLACE OF USE:				
J .					
	a. OWNER NAME		(MIDDLE)	(LAST)	
	PARCEL NO.			(Indi)	
	b. OWNER NAME				
	(FIRST)		(MIDDLE)	(LAST)	
	PARCEL NO.				
	PLEASE SHOW NAMES, ADDRE WELL PARCEL OWNERS BELOW		TELEPHONE	NUMBERS OF AL	LL
	a. OWNER NAME				
	(FIRST)		(MIDDLE)	(LAST)	
	MAILING ADDRESS			<u>, </u>	
	(CITY)		(STA	TE) (ZIP)	
	TELEPHONE NO. (_)	<u> </u>		
	b. OWNER NAME				
	(FIRST)		(MIDDLE)	(LAST)	
	MAILING ADDRESS				
	(CITY)		(STATE)	(ZIP)	
	TELEPHONE NO. (,	(21719)	\212/	
	IELEFRONE NO. (

4. D ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1	~
RECORDATION NO: G193048 OWNER OF RECORD: LA CO WATERWORKS DIST NO	O 4
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331	
OWNER'S DESIGNATION OF WELL: NO 29 STATE WELL NO: 7N/12W-34N S	TELEPHONE NUMBER: (818) 458-7156 PARCEL NO:
(If any of the above information is inaccurate or missing, please co during the coming year.)	prrect. Notify this office if ownership or address changes occur
GROUNDWATER EXTRACTION	OR SURFACE DIVERSION
PLEASE READ THE GENERAL INFORMATION ON THE	REVERSE SIDE BEFORE COMPLETING THIS NOTICE
DEADLINE: Notices must be postmarked no later than June 30, 31. 1. OWNERSHIP. Person listed above is: Y Owner of land on which well or point of diversion is loca	ated, and is extracting/diverting water. ated, and is extracting/diverting water.
2. Do you divert surface water and also extract ground water?	yes no 🔀
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALE METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated	ENDAR YEAR OF WATER USE Agricultural Domestic or Municipal Other:
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on mailing Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME)	ling list. (No fee required)
Company Name.	
Address:(STREET ADDRESS) Telephone:	(CITY) (STATE) (ZIP CODE)
releptione:	Effective Date:
THIS SPACE FOR OFFICE USE ONLY	R. AMT:

CATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECORDATION NO. 6193048	
WELL SITE: TOWNSHIP 7 RANGE 12 SECTION 34 -	9
PARCEL NO.	
PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDE	NCE
AND NOTICES:	
OWNER/LESSEE/AGENT/OTHER OWNER	
NAME COUNTY OF LOS ANGELES	_
(MIDDIE) (IACT)	
MAILING ADDRESS South Flemont Avenue , 9TH FL	
(CITY) (STATE) (ZIP)	
TELEPHONE NO. (<u>BIB</u>) 458 - 7/53	
PRIMARY PLACE OF USE:	
a. OWNER NAME	
(FIRST) (MIDDLE) (LAST)	_
PARCEL NO.	
b. OWNER NAME	_
(FIRST) (MIDDLE) (LAST)	
PARCEL NO.	
PLEASE SHOW NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL WELL PARCEL OWNERS BELOW:	
a. OWNER NAME	_
(FIRST) (MIDDLE) (LAST)	
MAILING ADDRESS	
(CITY) (STATE) (ZIP)	—
TELEPHONE NO. ()	
b. OWNER NAME	_
MAILING ADDRESS	
(CITY) (STATE) (ZIP)	

4. D ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

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

				_
RECORDATION NO: G193105 OWNER OF RECORD: LA CO WATERWORKS DIST NO) 4			
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331				
,				
OWNER'S DESIGNATION OF WELL: NO 30 STATE WELL NO: 7N/12W-34 S		TELEPHONE (818) 458 PARCEL NO	-7156	
(If any of the above information is inaccurate or missing, please conduring the coming year.)		·	ddress changes occ	ur
GROUNDWATER EXTRACTION		DIVERSION		
PLEASE READ THE GENERAL INFORMATION ON THE	REVERSE SIDE BEF	ORE COMP	LETING THIS NOT	ICE
OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is local Lessee of land on which well or point of diversion is local Owner of land, but lessee is extracting/diverting water. Other: Please explain:	ed, and is extracting/div ted, and is extracting/div	erting water. verting water.		
2. Do you divert surface water and also extract ground water?	yes no	Κ]		
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALE METHOD OF MEASUREMENT TYPE	ENDAR YEAR ————————————————————————————————————	(Must be a spec	Cubic-	feet
Water Meter	Agricultural	-	yalloli	لت
Power Meter Nonmetered or Estimated	Domestic or Municipal Other:			
ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on maili Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME)	required.) ng list. (No fee required)		(LAST NAME)	
Company Name:	,			
Address:(STREET ADDRESS)		(CITY)	(STATE) (ZIP CO	noe ·
Telephone:	Effective Date:		(STATE) (ZIP CC	————
THIS SPACE FOR OFFICE USE ONLY		R.	AMT:	

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

RECORDATION NO: G193106 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4		
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331		
OWNER'S DESIGNATION OF WELL: NO 31 STATE WELL NO: 7N/12W-26 S	TELEPHON	VE NUMBER:
	(818) 45 Parcel 1	
(If any of the above information is inaccurate or missing, please correct. Noti during the coming year.)	fy this office if ownership o	r address changes occur
GROUNDWATER EXTRACTION OR	SURFACE DIVERSIO	N
PLEASE READ THE GENERAL INFORMATION ON THE REVERS	SE SIDE BEFORE COM	PLETING THIS NOTICE
DEADLINE: Notices must be postmarked no later than June 30, 1995 1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is located, and is Lessee of land on which well or point of diversion is located, and in Owner of land, but lessee is extracting/diverting water. Other: Please explain:	, in order to be recorded. s extracting/diverting water s extracting/diverting water	r.
2. Do you divert surface water and also extract ground water? \qquad yes \Box	no 🗶	
METHOD OF MEASUREMENT Water Meter Power Meter METHOD OF MEASUREMENT TYPE OF WATER Agriculture Dome:	USE (Must be a s	
Nonmetered or Estimated Other:		
S. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (N Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME) (NEW OWNER'S FIRST NAME)) lo fee required)	
Company Name: (NEW OWNER'S FIRST NAME) (N	I. NAME)	(LAST NAME)
Addrage:		
(STREET ADDRESS)	fective Date:	(STATE) (ZIP CODE)
THIS SPACE FOR OFFICE USE ONLY	R	ΔMT·

ATE WATER RESOURCES CONTRO BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

INFORMATION SHEET

GROUNDWATER EXTRACTION RECORDATION

1.	RECORDATION NO WELL SITE: TOWNS	6193104 HIP 1N	RANGE 1240 SE	ection 265
	PARCEL NO			
2.	PLEASE DESIGNATE	PERSON OR FIR	M TO RECEIVE ALL	CORRESPONDENCE
	AND NOTICES:			
	OWNER/LESSEE/AGE	NT/OTHER _	NEN	
	NAME COUNTY	tos An	IHELES	
	(PIRST) MAILING ADDRESS	900 South	(MIDDLE) FREMONT AUENU	E, 1TH FLOOR
		AMAMERA	GA 91803	1551
	TELEPHONE NO. (_	(CITY) 4	(STATE)	(ZIP)
3.	PRIMARY PLACE OF	USE:		
	a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO			
	b. OWNER NAME	(PIRST)	(MIDDLE)	(LAST)
	PARCEL NO			
	PLEASE SHOW NAMES WELL PARCEL OWNER		ND TELEPHONE NUM	BERS OF ALL
	a. OWNER NAME		(44704.5)	(T. N. C. T.)
	MAILING ADDRE	(FIRST)	(MIDDLE)	(LAST)
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()		<u> </u>
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	ss		·
		CITY)	(STATE)	(ZIP)
	TELEPHONE NO	. ()		

4. D ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

'ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO	6193105		
	WELL SITE: TOWNS	SHIP 1N	RANGE 12 D	SECTION 34 5
	PARCEL NO.			
2.	PLEASE DESIGNATE		RM TO RECEIVE AL	L CORRESPONDENCE
	AND NOTICES:			
	OWNER/LESSEE/AGE	INT/OTHER	SNEW_	
	NAME COUNTY			
	(FIRST)			(LAST)
	MAILING ADDRESS			UENUE 9TH FLOOR
		ALHAMBRA	CA 71803	3-1331
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. (_	818)	458 - 7/53	
3.	PRIMARY PLACE OF	USE:		
•				
	a. OWNER NAME	(FIRST)	(MIDDLB)	(LAST)
	PARCEL NO	,,,	·	(IIII)
				
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO			, ,
	PLEASE SHOW NAMES WELL PARCEL OWNER	=	AND TELEPHONE NU	MBERS OF ALL
	a. OWNER NAME			
		(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	SS	, <u>,</u>	
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()		
	h owner was			
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	MATI.TNG ADDRE			(221)
	WALLERING REDUKE			
		:ITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()	-	

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ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

ST. E WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193107 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 32 STATE WELL NO: 7N/12W-27 S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 . in order to be recorded. 1. OWNERSHIP. Person listed above is: Note: 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? no i X 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR acre-feet 794.00 METHOD OF MEASUREMENT cubic-feet TYPE OF WATER USE (Must be a specific number) ✓ Water Meter gallons Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: _ 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) Company Name: _ (LAST NAME) Address: _ (STREET ADDRESS) (CITY) (STATE) (ZIP CODE) Telephone: Effective Date: THIS SPACE FOR OFFICE USE ONLY AMT:

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. R	RECORDATION NO	6193107		
W	WELL SITE: TOWNS	HIP 1H	RANGE 12W	SECTION 275
	PARCEL NO.			
_			RM TO RECEIVE A	ALL CORRESPONDENCE
	AND NOTICES:			•
•	OWNER/LESSEE/AGE	NT/OTHER	MER	
	NAME COUNTY O	F LOS ANG	ELES	
	(FIRST)		(MIDDLE)	(LAST)
	MAILING ADDRESS	900 South	FROMONT AU	ENUE, 9TH FLOOR
		ALHAMBOA,	CA 91803	
		(CITY)	· ·	E) (ZIP)
	TELEPHONE NO. (_	<i>BRO</i>)	158 - <u>1153</u>	
		TICE .		
3. I	PRIMARY PLACE OF	USE:		
a	A. OWNER NAME			
		(PIRST)	(MIDDLE)	(LAST)
	PARCEL NO			
ŀ	O. OWNER NAME			
		(FIRST)	(WIDDLE)	(LAST)
	PARCEL NO			
	PLEASE SHOW NAMES WELL PARCEL OWNER		AND TELEPHONE	NUMBERS OF ALL
	a. OWNER NAME			
		(FIRST)	(WIDDLE)	(LAST)
	MAILING ADDRE	ss		
		(CITY)	(STAT	B) (ZIP)
	TELEPHONE NO.	()		
_				
j	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	WATE THE ADDRE			
	WILLING YDDKI			
		CITY)	(STATE)	(ZIP)
	TELEPHONE NO		-	
	IBBERUNE NO.	· \/		

4. □ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193108 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 33 STATE WELL NO: 7N/12W-27 S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION 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 Recordation Notice. 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? ves no 🔀 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR □ acre-feet 287.45 cubic-feet METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE ∃gallons _ Water Meter Agricultural Power Meter **Domestic or Municipal** Nonmetered or Estimated Other: _ 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: ___ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address: _ (STREET ADDRESS) (CITY) (STATE) ZIP COOE Telephone: Effective Date: __ THIS SPACE FOR OFFICE USE ONLY R. AMT:

TATE WATER RESOURCES CONTF , BOARD DIVISION OF WATER RIGHLS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECORDATION NO	6193108		
1. RECORDATION NO WELL SITE: TOWNS	HIP	RANGE 12 W	SECTION 27 5
PARCEL NO.			
2. PLEASE DESIGNATE	PERSON OR FIRE	M TO RECEIVE AL	L CORRESPONDENCE
AND NOTICES:			
OWNER/LESSEE/AGE	NT/OTHER	NEA	
NAME County	of Los A	JEELES	
(FIRST)		(WIDDLE)	(LAST)
MAILING ADDRESS	900 Sout H	FREMANT AVONU	E 9TH FLOOR
	ALMAMBRA	CA	91803-1331
TELEPHONE NO. (618) 45	8 - 1153	(ZIP)
B. PRIMARY PLACE OF	USE:		
a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
b. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
PLEASE SHOW NAMES, WELL PARCEL OWNERS	, ADDRESSES AN B BELOW:	ND TELEPHONE NU	MBERS OF ALL
a. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDRES	SS		
	(CITY)	(STATE)	(ZIP)
TELEPHONE NO.	()	-	
b. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDRES	ss		
(CI	TY)	(STATE)	(ZIP)
TELEPHONE NO.	()		
. D ADDITIONAL INFORM	MATION CONTINU	JED ON BACK OF	PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193109 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 34 STATE WELL NO: 7N/12W-27 S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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: 2. Do you divert surface water and also extract ground water? ves × no 📗 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR acre-feet یح 603.42 METHOD OF MEASUREMENT cubic-feet TYPE OF WATER USE (Must be a specific number) Water Meter □gallons Agricultural **Power Meter** Domestic or Municipal Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address: __ (STREET ADDRESS) (CITY) Telephone: Effective Date: THIS SPACE FOR OFFICE USE ONLY AMT:

TATE WATER RESOURCES CONTF BOARD DIVISION OF WATER RIGHLS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO WELL SITE: TOWNS)	215
				1/200	SECTION	
	PARCEL NO.					
2.	PLEASE DESIGNATE	PERSON OR	FIRM TO	RECEIVE A	LL CORRES	PONDENCE
	AND NOTICES:		- 1			
	OWNER/LESSEE/AGI					<u> </u>
	NAME Courty 2	or Los	(MID)		(LAST)
	MAILING ADDRESS	900			•——-	,
		ALMAN BELL (CITY)		(STAT	B)	(ZIP)
	TELEPHONE NO. (_	<u> 816</u>)	450 -	1163		
3.	PRIMARY PLACE OF	TISE ·				
J.	PRIMARI PARCE OF	ODA.				
	a. OWNER NAME	(FIRST)				
	DADCET NO	(=====,		DDLB)	(LAST)	
	PARCEL NO b. OWNER NAME					•
	D. OWNER NAME	(FIRST)	·	(MIDDLE)	(LAST)	
	PARCEL NO					
	PLEASE SHOW NAMES WELL PARCEL OWNER		ES AND TE	LEPHONE N	UMBERS OF	ALL
	a. OWNER NAME					·
		(FIRST)	(1	(IDDLE)	(L)	AST)
	MAILING ADDRE	ss				
		/atmr)				
	TELEPHONE NO.	(CITY)		(STATE) (2	ZIP)
	TEDEPHONE NO.	(_
	b. OWNER NAME		· 	· · · · · · · · · · · · · · · · · · ·		
	W TI TWA 1888	(FIRST)		(DDLE)	(LAST)	
	MAILING ADDRE	SS	 -			
		ITY)		(STATE)	(ZIP)	
	TELEPHONE NO.				(215)	
	=======================================	·				

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193160 OWNER OF RECORD: LA CO WATERWORKS DIST NO) 4			
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331			•	
OWNER'S DESIGNATION OF WELL: NO 36 STATE WELL NO: 7N/12W-9M S	(CELEPHONE (818) 458 PARCEL NO	-7156	:
(If any of the above information is inaccurate or missing, please conduring the coming year.)		·	address char	nges occur
GROUNDWATER EXTRACTION	OR SURFACE	DIVERSION		
PLEASE READ THE GENERAL INFORMATION ON THE	REVERSE SIDE BEF	ORE COMP	LETING TH	IIS NOTICE
 DEADLINE: Notices must be postmarked no later than June 30, 1 OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is located to the later of land on which well or point of diversion is located to the later of land, but lessee is extracting/diverting water. Other: Please explain: 	ed, and is extracting/dive	erting water.		
2. Do you divert surface water and also extract ground water?	yes no	۲		
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALE		263.4 (Must be a spe	<u>, </u>	≛acre-feet □cubic-feet
METHOD OF MEASUREMENT TYPE C	OF WATER USE Agricultural	(Must be a spe		□gailons
Power Meter Nonmetered or Estimated	Domestic or Municipa Other:	ıl		
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on mailing Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME) Company Name:			(LAST NAME)	
Company Name.				
Address:(STREET ADDRESS)		(CITY)	(STATE)	(ZIP CODE)
Telephone:	Effective Date:			
THIS SPACE FOR OFFICE USE ONLY		R.	AM	т.

TATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

WELL SITE: TOWN	6193160 SHIP 1N	RANGE 12 W	SECTION 9 M S
PARCEL NO			
PLEASE DESIGNATE	PERSON OR F	IRM TO RECEIVE A	LL CORRESPONDENC
AND NOTICES:			
OWNER/LESSEE/AG	ENT/OTHER 🗻	UNEL	
NAME COUNTY	of Los	ANGELES	
(FIRST)		(MIDDLB)	(LAST)
MAILING ADDRESS		UTH FREMONT	
		a 9180	
TELEPHONE NO. ((CITY)	48 1153	(ZIP)
TELEPHONE NO. (<u> </u>	<u> </u>	
PRIMARY PLACE OF	USE:		
a. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO.			
b. OWNER NAME _			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO.			
DIRACE CHOM NAME		AND TELEPHONE NO	MBERS OF ALL
WELL PARCEL OWNE	RS BELOW:		
WELL PARCEL OWNE a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
WELL PARCEL OWNE	(FIRST)	(MIDDLE)	(LAST)
WELL PARCEL OWNE a. OWNER NAME	(FIRST)	(MIDDLE)	
WELL PARCEL OWNE a. OWNER NAME	(FIRST) ESS (CITY)		(LAST)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR TELEPHONE NO	(FIRST) ESS (CITY) . ()	(STATE)	
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR	(FIRST) ESS (CITY) . ()	(STATE)	(ZIP)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR TELEPHONE NO b. OWNER NAME	(FIRST) (CITY) (FIRST)	(STATE)	(ZIP)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR TELEPHONE NO b. OWNER NAME	(FIRST) (CITY) (FIRST)	(STATE)	(ZIP)
WELL PARCEL OWNE a. OWNER NAME MAILING ADDR TELEPHONE NO b. OWNER NAME MAILING ADDR	(FIRST) (CITY) (FIRST)	(STATE)	(ZIP)

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ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193161 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 37 STATE WELL NO: 7N/12W-30B S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) ∠ GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ no 🗶 2. Do you divert surface water and also extract ground water? ves 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR □ acre-feet 318.33 cubic-feet TYPE OF WATER USE (Must be a specific number) **METHOD OF MEASUREMENT** □ gallons Agricultural Power Meter **Domestic or Municipal** Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: __ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: (STREET ADDRESS) (CITY) (STATE) Telephone: Effective Date: _ THIS SPACE FOR OFFICE USE ONLY AMT: R._

'ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION

INFORMATION SHEET

	C-1031101		
. RECORDATION NO@ WELL SITE: TOWNSE	17D 7N	PANCE 12W	SECTION 30 B 5
PARCEL NO.			
	·	א דה פרכינוע או	T. COPPESDONDENCE
	PERSON OR FIR	M 10 RECEIVE AD	L CORRESPONDENCE
AND NOTICES:	- 10mm	NER	
OWNER/LESSEE/AGEN	TOTHER		
NAME COUNTY OF	LOS FRE	(MIDDLE)	(LAST)
MAILING ADDRESS	900 SOUTH	•	, —
MAILING ADDRESS _	1. 444 80 4	, CA 91803	-1331
-	(CITY)	(STATE)	(ZIP)
TELEPHONE NO. (exe, 40	58 - 7153	
			<u> </u>
B. PRIMARY PLACE OF T	JSE :		
a. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
b. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
PLEASE SHOW NAMES WELL PARCEL OWNER:		ND TELEPHONE NO	MBERS OF ALL
a. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDRE	ss		· · · · · · · · · · · · · · · · · · ·
	((STATE)	(ZIP)
	(CITY)		(217)
TELEPHONE NO.	(
b. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDRE	ss		
			(222)
	TY)	(STATE)	(ZIP)
TELEPHONE NO.	()		

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□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

ST JE WATER RESOURCES CONINOL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193162 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 38 STATE WELL NO: 7N/12W-21F S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above is: <u>Sowner</u> 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: _ 2. Do you divert surface water and also extract ground water? no 🗡 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR acre-feet
 acre-feet 424.71 METHOD OF MEASUREMENT cubic-feet TYPE OF WATER USE (Must be a specific number) ∠ Water Meter ⊒gallons Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: _ 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: __ (NEW OWNER'S FIRST NAME) Company Name: _ (M. NAME) (LAST NAME) Address: (STREET ADDRESS) (CITY) (ZIP CODE) Telephone:_

*** CONTINUE ON BACK PAGE ***

Effective Date:

R.

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THIS SPACE FOR OFFICE USE ONLY

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECORDATION NO. 6 193162		
WELL SITE: TOWNSHIP RAN	GE 12W SECT	10N - 21 F5
PARCEL NO.		
PLEASE DESIGNATE PERSON OR FIRM T	O RECEIVE ALL CO	RRESPONDENCE
AND NOTICES:	•	
OWNER/LESSEE/AGENT/OTHER _ CUR	EN	
NAME COUNTY OF LOS AND	ELES	
(PIRST)	MIDDLE)	(LAST)
MAILING ADDRESS SOUTH	FREMONT AVENU	E, 9TH FLOOR
	11803-133	
(CITY)	(STATE)	
TELEPHONE NO. (88)	9 - 7199	
PRIMARY PLACE OF USE:		
J. PRIMINE I IIII		
a. OWNER NAME	(MIDDLE) (I	AST)
(* 210 - 1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PARCEL NO.		
b. OWNER NAME(FIRST)	(WIDDLB)	(LAST)
PARCEL NO.		
PLEASE SHOW NAMES, ADDRESSES AND WELL PARCEL OWNERS BELOW:	TELEPHONE NUMBER	S OF ALL
a. OWNER NAME		
(FIRST)	(MIDDLE)	(LAST)
MAILING ADDRESS		
	(STATE)	(ZIP)
(CITY)		(ZIF)
TELEPHONE NO. ()		
b. OWNER NAME		
(FIRST)	(MIDDLE)	(LAST)
MAILING ADDRESS		
	(STATE)	(ZIP)
(CITY)		(AIF)
TELEPHONE NO. ()	-	

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□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

	コ
RECORDATION NO: G193279 OWNER OF RECORD: LOS ANGELES COUNTY WA	TERWORKS
LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803	
OWNER'S DESIGNATION OF WELL: 4-39 STATE WELL NO: 8N/11W-30K S	TELEPHONE NUMBER: (818) 458-7198 PARCEL NO:
(If any of the above information is inaccurate or missing, pleas during the coming year.)	e correct. Notify this office if ownership or address changes occur
GROUNDWATER EXTRACT	10N OR SURFACE DIVERSION
PLEASE READ THE GENERAL INFORMATION ON	THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE
1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is Lessee of land on which well or point of diversion is Owner of land, but lessee is extracting/diverting was Other: Please explain:	located, and is extracting/diverting water. located, and is extracting/diverting water.
2. Do you divert surface water and also extract ground water	panananananananananananananananan
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING OF METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated	Agricultural Domestic or Municipal Other:
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time Do not record my water use but keep my name on Record my water use. (fee required.) Transfer this file to:	
Transfer this file to:	(M. NAME) (LAST NAME)
Addross	
Telephone:(STREET ADDRESS)	
- Coophole.	Liteblive Date.
THIS SPACE FOR OFFICE USE ONLY	R AMT

'ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

. RECORDATION	NO. G	-193229			
WELL SITE:	TOWNSHI	P BN	RANGE	SECTIO	N 30 KS
PARCEL NO.				<u></u>	
PLEASE DESIG			RM TO RECEIV	E ALL CORR	ESPONDENCE
AND NOTICES:					
OWNER / LESSE	E / AGENT	OTHER &	WER		
NAME COU	NTY 2	of los	ANGELES		
(FIRST)		(MIDDLE)	A .	LAST)
MAILING ADI					9TH FLOOR
	AL	HAM BRA	, ca	91803 - 133	<u> </u>
		(CLTY)	468 - 115	(STATE)	(ZIP)
TELEPHONE I	10. (<u> </u>	<u> </u>		-
B. PRIMARY PLAC	E OF US	E:			
a. OWNER NA	AME				
		(FIRST)	(MIDDLE)	(LAS	r)
PARCEL	мо		 		
b. OWNER NA		(FIRST)	(MIDDLE)	(7.	AST)
DADCET.	NO.		(MIDDEA)	_	1
					
PLEASE SHOW WELL PARCEL			AND TELEPHO	NE NUMBERS	OF ALL
a. OWNER NAI					
4. VIII.		PIRST)	(MIDDLE)		(LAST)
MAILING	ADDRESS				
		,		· · · · · · · · · · · · · · · · · · ·	
	• •	ITY)		(STATE)	(ZIP)
TELEPHO	NE NO. ()			
b. OWNER NA					
	·	FIRST)	(MIDDLB)	·	LAST)
MAILING	ADDRESS	·			
	(CITY)	(ST	ATE) (ZIP)
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□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193201 OWNER OF RECORD: LA CO WATERWORKS DIST NO	4
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331	
OWNER'S DESIGNATION OF WELL: WELL NO 41 STATE WELL NO: 7N/10W-19E01 S	TELEPHONE NUMBER: (818) 458-7156 PARCEL NO:
(If any of the above information is inaccurate or missing, please conduring the coming year.)	rect. Notify this office if ownership or address changes occur
GROUNDWATER EXTRACTION	OR SURFACE DIVERSION
PLEASE READ THE GENERAL INFORMATION ON THE	REVERSE SIDE BEFORE COMPLETING THIS NOTICE
 DEADLINE: Notices must be postmarked no later than June 30, 1 1. OWNERSHIP. Person listed above is: Owner Ogner Of land on which well or point of diversion is located and on the point of diversion is located on the point of land, but lessee is extracting/diverting water. Other: Please explain: 	ed, and is extracting/diverting water.
2. Do you divert surface water and also extract ground water?	yes no 🔻
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALE	NDAR YEAR Sacre-feet Cubic-feet
	OF WATER USE (Must be a specific number) gallons
Water Meter Power Meter	Agricultural Domestic or Municipal
Nonmetered or Estimated	Other:
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on mailing Record my water use. (fee required.)	
Transfer this file to:(NEW OWNER'S FIRST NAME) Company Name:	(M. NAME) (LAST NAME)
A dalanan.	
(STREET ADDRESS)	(CITY) (STATE) ;ZIP COO€
Telephone:	Effective Date:
THIS SPACE FOR OFFICE LISE ONLY	P AMT

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

MER-ANGELES (MIDDLE) -H FRELONT CA 91803 (STATE) B - 1/53	
-H FRENONT	AVENUE, 9TH FLOO
11 aigns	
ر المارات	,-1331
(STATE)	(ZIP)
8 - 7153	<u></u>
•	(LAST)
	(**)
(WIDDER)	(LAST)
TELEPHONE N	IMBERS OF ALL
(MIDDLE)	(LAST)
(STATE)	(ZIP)
	(===,
_	
<u> </u>	
(MIDDLB)	(LAST)
	(MIDDLE) (MIDDLE) (MIDDLE) (MIDDLE) (MIDDLE)

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193243 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: 42 STATE WELL NO: 7N/12W-27H01 S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above is: [X] 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? no 🔨 ves 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR □ acre-feet 404.61 ___cubic-feet METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE □ gallons ∠ Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address: (CITY) Telephone: Effective Date: THIS SPACE FOR OFFICE USE ONLY AMT:

'ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO. 6193243		
	WELL SITE: TOWNSHIP 7	RANGE 12 W S	ECTION 27 HOIS
	PARCEL NO.	 	
2.	PLEASE DESIGNATE PERSON OR FI	IRM TO RECEIVE ALL	CORRESPONDENCE
	AND NOTICES:		
	OWNER/LESSEE/AGENT/OTHER	wall	
	NAME County of Los	ANEELES	
	(PIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS 100 South	FREMONT LUENU	E 974 FLOOT
	ALHEMBRA	CA 918. 458 - 7153	03-1331
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()	<u> 458 - 7153 </u>	
3.	PRIMARY PLACE OF USE:		
J.	INIMANI IMICE OF ODE.		•
	a. OWNER NAME		
	(FIRST)		(LAST)
	PARCEL NO.		
	b. OWNER NAME	(MIDDLE)	(LAST)
	PARCEL NO.	, , , , , , , , , , , , , , , , , , , ,	(and)
		 	
	PLEASE SHOW NAMES, ADDRESSES WELL PARCEL OWNERS BELOW:	AND TELEPHONE NUM	BERS OF ALL
	a. OWNER NAME		· · · · · · · · · · · · · · · · · · ·
	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS	<u> </u>	
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()	<u> </u>	
	b. OWNER NAME		
	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS		
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()		

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ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193249 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: 43 STATE WELL NO: 7N/12W-27F01 S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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: _ 2. Do you divert surface water and also extract ground water? ves no 📈 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR ∠ acre-feet 483.99 METHOD OF MEASUREMENT __cubic-feet TYPE OF WATER USE (Must be a specific number) Water Meter اعدا □gallons Agricultural **Power Meter** Domestic or Municipal Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M NAME) Company Name: _ (LAST NAME) Address: ___ (STREET ADDRESS) (STATE) Telephone: Effective Date: THIS SPACE FOR OFFICE USE ONLY R. AMT:

'ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	recordation no. 6193249	<u> </u>	
	WELL SITE: TOWNSHIP	inge 12 ^w se	ECTION $\frac{2170}{5}$
	PARCEL NO.		
2.	PLEASE DESIGNATE PERSON OR FIRM	TO RECEIVE ALL	CORRESPONDENCE
	AND NOTICES:		
	OWNER/LESSEE/AGENT/OTHER	UER	
	NAME COUNTY OF LOS AN		·
	(RIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS 900 SOUTH	FREDIONT ALENUE	9TH FLOOR
	ALHEMBRA,	CA 91803-	1331
			(ZIP)
	TELEPHONE NO. (88) 458	3-100	
3.			
J.			
	a. OWNER NAME(FIRST)	(MIDDLE)	(LAST)
	\- -	•	(LASI)
	PARCEL NO.		
	b. OWNER NAME	(MIDDLE)	(LAST)
	PARCEL NO.	,	(===)
			and on the
	PLEASE SHOW NAMES, ADDRESSES AND WELL PARCEL OWNERS BELOW:) IELEPHONE NUMP	BERS OF ALL
	a. OWNER NAME		
	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS		
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()	<u> </u>	
	b. OWNER NAME		
	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS		
			
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()		

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□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193250 OWNER OF RECORD: LA CO WATERWORKS DIST NO 4 LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: 44 STATE WELL NO: 7N/12W-27F02 S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filling fee of \$5.00 is required for each Annual Recordation Notice. 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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 Jessee is extracting/diverting water. Other: Please explain: __ 2. Do you divert surface water and also extract ground water? ves 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR □ acre-feet □cubic-feet **METHOD OF MEASUREMENT** (Must be a specific number) TYPE OF WATER USE □ gallons Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: . (CITY) (STATE) Telephone:_ Effective Date: THIS SPACE FOR OFFICE USE ONLY R. AMT:

TATE WATER RESOURCES CONTR. BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. 2.	RECORDATION NO		
	AND NOTICES:	1501	
	OWNER/LESSEE/AGENT/OTHER		
	NAME COUNTY OF LOS ANGEL	ES (MIDDLB)	(LAST)
	MAILING ADDRESS 900 South	·	
	MAILING ADDRESS 100 SUFF	9/807	1331
	HLHAMBER	CA 91803 -	(ZIP)
	TELEPHONE NO. (_\OB) 458	7/53	(211)
	TELEPHONE NO: (/		
3.	PRIMARY PLACE OF USE:		
	a. OWNER NAME		
	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO.		
	b. OWNER NAME		
	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO		
	PLEASE SHOW NAMES, ADDRESSES AND WELL PARCEL OWNERS BELOW:	TELEPHONE NUME	BERS OF ALL
	a. OWNER NAME		
	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS		
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()		(811)
	TELEPHONE NO. ()		
	b. OWNER NAME		
	(FIRST)	(WIDDLE)	(LAST)
	MAILING ADDRESS		
			(610)
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()		

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□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193244 OWNER OF RECORD: LA CO WATERWORKS DIST N	0 4			
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331				
OWNER'S DESIGNATION OF WELL: 48 STATE WELL NO: 7N/12W-17F01 S		TELEPHON (818) 45 PARCEL N		:
(If any of the above information is inaccurate or missing, please coduring the coming year.)	rrect. Notify this office if	ownership or	address cha	nges occur
GROUNDWATER EXTRACTION	OR SUBFACE	DIVERSION	J	
PLEASE READ THE GENERAL INFORMATION ON THE				UIC NOTICE
 DEADLINE: Notices must be postmarked no later than June 30, OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is loca Owner of land on which well or point of diversion is loca Owner of land, but lessee is extracting/diverting water. Other: Please explain: Do you divert surface water and also extract ground water? 	ted, and is extracting/divated, and is extracting/div	erting water.		
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALI	yes no ENDAR YEAR ——		*********	≥acre-feet
	OF WATER USE Agricultural Domestic or Municipa Other:	al	ecific number)	□ cubic-feet □ gallons
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on mail Record my water use. (fee required.) Transfer this file to:	e required.) ing list. (No fee required)			
Transfer this file to:(NEW OWNER'S FIRST NAME) Company Name:	(M. NAME)		(LAST NAME)	
Address:(STREET ADDRESS)		·		
Telephone:	Effective Date:	(CITY)	(STATE)	(ZIP CODE)
THIS SPACE FOR OFFICE USE ONLY				.

CATE WATER RESOURCES CONTI BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECORDATION NO.	G 193244			
WELL SITE: TOWNS		ANGE 12W	SECTION 17	1 FO1 5
PARCEL NO.			bbc110N	
PARCEE NO PLEASE DESIGNATE		יים ספרפונים	AT.T. COPPECEO	mence
-	PERSON OR FIRM	TO RECEIVE	ALL CORRESPON	DENCE
AND NOTICES:	nim /omiren	ONTH		
OWNER/LESSEE/AGI	ENT/OTHER	Auger ==		
(PIDST)		(MIDDLR)	(LAST)	•
MATLING ADDRESS	ges South	FREMONT	AUENUE, 9TH	FLOOP
MAILING ADDRESS	ALHAMBRA	CA	91803	
	(CITY)	(STA	ATE) (ZIP)
TELEPHONE NO. (_	818) 458	3 - 7153	· · · · · · · · · · · · · · · · · · ·	
3. PRIMARY PLACE OF	п ст .			
). PRIMARI PHACE OF	002.			
a. OWNER NAME	(1-1-1-1)	(MIRRIE)	(T. 2.071)	
DARGET NO	(FIRST)	(MIDDLE)	(LAST)	
				
b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)	
PARCEL NO.				
PLEASE SHOW NAME: WELL PARCEL OWNER		D TELEPHONE	NUMBERS OF A	بلانا
a. OWNER NAME				
	(FIRST)	(MIDDLE)	(LAST)	
MAILING ADDRI	ss			
				74.1.2
	(CITY)	(STA	IB) (ZIP)	
TELEPHONE NO	. ()		· · · · · · · · · · · · · · · · · · ·	
b. OWNER NAME				
	(FIRST)	(MIDDLE)	(LAST)	
MAILING ADDR	3SS			
(1	CITY)	(STATE)	(ZIP)	
TELEPHONE NO	. ()	<u> </u>		

4. □ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

1	7
RECORDATION NO: G193245 OWNER OF RECORD: LA CO WATERWORKS DIST N	NO 4
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331	
OWNER'S DESIGNATION OF WELL: 49 STATE WELL NO: 7N/12W-17C01 S	TELEPHONE NUMBER: (818) 458-7156
(If any of the above information is inaccurate or missing, please of	PARCEL NO:
during the coming year.) GROUNDWATER EXTRACTIO	N OR SURFACE DIVERSION
	E REVERSE SIDE BEFORE COMPLETING THIS NOTICE
DEADLINE: Notices must be postmarked no later than June 30, 1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is located above. Lessee of land on which well or point of diversion is located above. Owner of land, but lessee is extracting/diverting water. Other: Please explain:	eated, and is extracting/diverting water. cated, and is extracting/diverting water.
Do you divert surface water and also extract ground water?	? yes no K
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CAI METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated	LENDAR YEAR 693.48 Cubic-feet Must be a specific number) Agricultural Domestic or Municipal Other:
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fe Do not record my water use but keep my name on ma Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME)	iling list. (No fee required)
Company Name:	(M. NAME) (LAST NAME)
Address:(STREET ADDRESS)	(OTTO TOTATE)
Telephone:	(CITY) (STATE) /ZIP COOF
THIS SPACE FOR OFFICE USE ONLY	R AMT:
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CATE WATER RESOURCES CONTK . BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO. 619 3245
	WELL SITE: TOWNSHIP 7N RANGE 12 W SECTION 7 CO/S
	PARCEL NO.
2.	PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE
۷.	AND NOTICES:
	NAME COUNTY OF LOS ALELES
	(FIRST) (MIDDLB) (LAST)
	MAILING ADDRESS 900 SOUT 4 FREMONT ARNUE, 9TH FLOOR
	ALMAMBEA , CA 11803- 133/
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. (<u>98</u>) <u>458 - 7/53</u>
_	
3.	PRIMARY PLACE OF USE:
	a. OWNER NAME
	(FIRST) (MIDDLE) (LAST)
	PARCEL NO.
	b. OWNER NAME
	(FIRST) (MIDDLE) (LAST)
	PARCEL NO.
	PLEASE SHOW NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL WELL PARCEL OWNERS BELOW:
	a. OWNER NAME
	(FIRST) (MIDDLE) (LAST)
	MAILING ADDRESS
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. ()
	b. OWNER NAME
	(FIRST) (MIDDLE) (LAST)
	MAILING ADDRESS
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. ()
4.	□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193280 OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 OWNER'S DESIGNATION OF WELL: 50 STATE WELL NO: 7N/12W-9A S TELEPHONE NUMBER: (818) 458-7198 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE is required for each Annual Recordation Notice. Check or money order should REQUIRED FEES: A filing fee of \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ no 🗡 2. Do you divert surface water and also extract ground water? ves 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR ⊠acre-feet · Cubic-feet (Must be a specific number) METHOD OF MEASUREMENT TYPE OF WATER USE □ gallons Agricultural **Power Meter** Domestic or Municipal Nonmetered or Estimated 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: ____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address: _ (STREET ADDRESS) (CITY) Telephone: _ Effective Date: THIS SPACE FOR OFFICE USE ONLY

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TATE WATER RESOURCES CONT , BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO	G192230	9	
⊥.	_			0 4 -
	WELL SITE: TOWNS		RANGE 1200 S	ECTION 7 4 5
	PARCEL NO.			
2.	PLEASE DESIGNATE	PERSON OR FIR	RM TO RECEIVE ALL	CORRESPONDENCE
	AND NOTICES:			
	OWNER/LESSEE/AGE	NT/OTHER 🗢	NEF	
	NAME COUNTY	at Los	ANGELES	
	(FIRST)		(MIDDLE)	(LAST)
	MAILING ADDRESS		- H FREMONT A	
		ALHAMBRA	, CA 9180	3-1331
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. (_	818)4	<u> 58 - 1153 </u>	
3.	PRIMARY PLACE OF	ΠSE ·		
		052 .		
	a. OWNER NAME		,	
		(FIRST)	(MIDDLE)	(LAST)
				
	b. OWNER NAME			
		(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO			
	PLEASE SHOW NAMES		ND TELEPHONE NUM	BERS OF ALL
	WELL PARCEL OWNER	S BELOW:		
	a. OWNER NAME			
		(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	ss		
			·····	
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()		
	b. OWNER NAME			
		(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	ss	-	
	-			
	(C	ITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()	<u> </u>	

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ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193281 OWNER OF RECORD: LOS ANGELES COUNTY WATE	RWORKS			
LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803			•	
OWNER'S DESIGNATION OF WELL: 4-51 STATE WELL NO: 7N/12W-9C S	(ELEPHONE 818) 458 ARCEL NO	-7198	
(If any of the above information is inaccurate or missing, please coduring the coming year.)		ownership or a	address char	nges occur
GROUNDWATER EXTRACTION		DIVERSION		
PLEASE READ THE GENERAL INFORMATION ON THE	E REVERSE SIDE BEF	ORE COMP	LETING TH	IIS NOTICE
I. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is local Lessee of land on which well or point of diversion is local Owner of land, but lessee is extracting/diverting water. Other: Please explain:	ated, and is extracting/div	erting water. erting water.	7-2	
2. Do you divert surface water and also extract ground water?	yes no 🔀			
B. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CAL METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated	OF WATER USE Agricultural Domestic or Municipa Other:	BOT. (Must be a spe	40	acre-feet □ cubic-feet □ gallons
ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on mail Record my water use. (fee required.) Transfer this file to:	e required.) ling list. (No fee required)			
Transfer this file to:	(M NAME)		(LAST NAME)	
Address:(STREET ADDRESS) Telephone:	Effective Date:	(CITY)	(STATE)	•
THIS SPACE FOR OFFICE USE ONLY			A 1 47	

DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO	619 3201	<u>-</u>	
	WELL SITE: TOWNS	HIP 10 RA	$MGE 12 \omega$ s	ection 9 < S
	PARCEL NO	····		
2.	PLEASE DESIGNATE	PERSON OR FIRM	TO RECEIVE ALL	CORRESPONDENCE
	AND NOTICES:			
	OWNER/LESSEE/AGE	INT/OTHER Own	JEC	
	NAME Cour	TY of Los	. ANCELE-	5
	(FIRST)		(MIDDLE)	(LAST)
	MAILING ADDRESS			AVENUE, 9TH FLOOD
		ALHAMORA (CITY)	CA 91803-	133/
	TELEPHONE NO. (_	616) 458	- 1153	(ZIP)
3.	PRIMARY PLACE OF	USE:		
	a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO		<u>_</u>	
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO			
	PLEASE SHOW NAMES WELL PARCEL OWNER		TELEPHONE NUM	BERS OF ALL
	a. OWNER NAME		· · · · · · · · · · · · · · · · · · ·	
		(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	:ss	····	
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()	<u> </u>	·
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	SSS		(1451)
		CITY)	(STATE)	(ZIP)
		()		(415)
	ielephone nu.	\/		

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ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193248 OWNER OF RECORD: LA CO WATERWORKS DIST NO	0 4
LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331	
OWNER'S DESIGNATION OF WELL: 52 STATE WELL NO: 7N/12W-10H01 S	TELEPHONE NUMBER: (818) 458-7156 PARCEL NO:
(If any of the above information is inaccurate or missing, please coduring the coming year.)	
GROUNDWATER EXTRACTION	
PLEASE READ THE GENERAL INFORMATION ON THE	REVERSE SIDE BEFORE COMPLETING THIS NOTICE
1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is local Lessee of land on which well or point of diversion is local Owner of land, but lessee is extracting/diverting water. Other: Please explain:	ted, and is extracting/diverting water
2. Do you divert surface water and also extract ground water?	yes no
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALE	ENDAR YEAR — acre-fee
METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated	OF WATER USE (Must be a specific number)
ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee Do not record my water use but keep my name on mailing Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME)	ing list. (No fee required)
Company Name: (NEW OWNER'S FIRST NAME)	(M NAME) (LAST NAME)
Address:	
Telephone:	(CITY) (STATE) (ZIP CODE
THIS SPACE FOR OFFICE USE ONLY	R AMT

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TATE WATER RESOURCES CONTY , BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO. 6 193248
	WELL SITE: TOWNSHIP 7 RANGE 12 W SECTION 10HO1
	PARCEL NO.
2.	PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE
	AND NOTICES:
	OWNER/LESSEE/AGENT/OTHER OWNER
	NAME COUNTY OF LOS ANGELES
	(FIRST) (MIDDLE) (LAST)
	MAILING ADDRESS 900 SOUTH FREMONT DUENUE, 9TH FLOOR
	ALHAMBRA, CA 91803-1331
	MAILING ADDRESS 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803 - 133/ TELEPHONE NO. (018) 459 - 1153
3.	PRIMARY PLACE OF USE:
	a. OWNER NAME
	(FIRST) (MIDDLE) (LAST)
	PARCEL NO.
	b. OWNER NAME (FIRST) (MIDDLE) (LAST)
	PARCEL NO. (MIDDLE) (LAST)
	PLEASE SHOW NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL WELL PARCEL OWNERS BELOW:
	a. OWNER NAME
	(FIRST) (MIDDLE) (LAST) MAILING ADDRESS
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. ()
	b. OWNER NAME (FIRST) (MIDDLE) (LAST)
	MAILING ADDRESS
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. ()

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ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193282 OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 OWNER'S DESIGNATION OF WELL: 4-54 STATE WELL NO: 7N/11W-20K S TELEPHONE NUMBER: (818) 458-7198 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filling fee of \$5.00 is required for each Annual Recordation Notice. 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above is: Lessee of land on which well or point of diversion is located, and is extracting/diverting water. Owner of land, but <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? no 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR 768.68 cubic-feet METHOD OF MEASUREMENT TYPE OF WATER USE (Must be a specific number) □ gallons ∠ Water Meter Agricultural **Power Meter** Domestic or Municipal Nonmetered or Estimated Other: ---4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: __ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: _ (STREET ADDRESS) (CITY) (STATE) Telephone:_ Effective Date:

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THIS SPACE FOR OFFICE USE ONLY

TATE WATER RESOURCES CONTF BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

INFORMATION SHEET

GROUNDWATER EXTRACTION RECORDATION

1.	RECORDATION NO.	G193282	-	
	WELL SITE: TOWN			SECTION 20 KS
	PARCEL NO.			
2.	PLEASE DESIGNATE	PERSON OR FIRE	M TO RECEIVE A	ALL CORRESPONDENCE
	AND NOTICES:			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
	OWNER/LESSEE/AGI	ENT/OTHER 🗢	DNER	
	OWNER/LESSEE/AGI	OF Les	ANGELES	
	(FIRST)		(WIDDLE)	(LAST)
	MAILING ADDRESS	900 Sour	H FLENONT	AVENUE, ATH FLOOR
		ALHOMBRA	, CA 9180	03-133/
		(CITY)	(STAT	B) (ZIP)
	TELEPHONE NO. (_	<u>818) 4</u>	50-1153	
3.	PRIMARY PLACE OF	USE:		
•	53	.		
	a. OWNER NAME	****		
	D1 D 6771 110	(FIRST)	(MIDDLE)	(LAST)
			<u></u>	
	b. OWNER NAME	(FIRST)	(MIDDID)	
	PARCEL NO.		(MIDDLB)	(LAST)
	PARCED NO			
	PLEASE SHOW NAMES WELL PARCEL OWNER		ND TELEPHONE N	UMBERS OF ALL
	a. OWNER NAME			·
		(FIRST)	(MIDDLB)	(LAST)
	MAILING ADDRE	ss		
				
		(CITY)	(STATE) (ZIP)
	TELEPHONE NO.	()	<u> </u>	
	b. OWNER NAME			
		(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRE	:ss		
		ITY)	(STATE)	(ZIP)
	TELEPHONE NO.	()	<u> </u>	

4. \square ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193283 OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 OWNER'S DESIGNATION OF WELL: 4-55 STATE WELL NO: 7N/11W-20K S TELEPHONE NUMBER: (818) 458-7198 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. Check or money order should \$5.00 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? no 🔨 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR ⇒ acre-feet 819.91 □cubic-feet METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE gallons ∠ Water Meter Agricultural Power Meter **Domestic or Municipal** Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address:. (STREET ADDRESS) (STATE) Telephone: Effective Date: THIS SPACE FOR OFFICE USE ONLY R. AMT:

'ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

RECORDATION NO WELL SITE: TO	WNSHIP 7 N	RANGE 11 W	SECTION 20 14
PARCEL NO			
PLEASE DESIGNA	re person or f	IRM TO RECEIVE A	LL CORRESPONDENC
AND NOTICES:			
OWNER/LESSEE/	agent/other 🕏	WATER	
NAME COUNTY	OF LOS E	NGELES	
(PIRST	?)	(MIDDLE)	(LAST)
MAILING ADDRES		H FREMONT A	
	ALHAMBAA	, CA 91803	-1331
	(CITY)		(ZIP)
TELEPHONE NO.	(218)	468 -7153	
PRIMARY PLACE (OF USE:		
a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
DADCET NO	•		(mai)
		·	
b. OWNER NAME	(PIRST)	(MIDDLB)	(LAST)
PARCEL NO	•		
PLEASE SHOW NAI	MES, ADDRESSES	AND TELEPHONE N	UMBERS OF ALL
WELL PARCEL OWN	NERS BELOW:		
a. OWNER NAME			· · · · · · · · · · · · · · · · · · ·
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADI	DRESS	· · · · · · · · · · · · · · · · · · ·	
	(CITY)	(STATE	(0.70)
MELEDHOVE I	40. ()		(ZIP)
IELEPHONE I			
b. OWNER NAME			···
	(FIRST)	(MIDDLE)	(LAST)
	DRESS		
MAILING ADI			
MAILING ADI		 	
	(CITY)	(STATE)	(ZIP)

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193284 OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 OWNER'S DESIGNATION OF WELL: 4-58 STATE WELL NO: 7N/11W-18R S TELEPHONE NUMBER: (818) 458-7198 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION 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 Recordation Notice. 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, 1995 , in order to be recorded. 1. OWNERSHIP, Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? no 🔀 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR □ acre-feet 1050 □ cubic-feet i METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE □ gallons Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: ___ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: _ (STREET ADDRESS) (CITY) (STATE) Telephone: _ Effective Date:

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THIS SPACE FOR OFFICE USE ONLY

CATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

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GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECO	RDATION NO.	G 193284		
WELL	SITE: TOWNS	SHIP 7V	range // W	SECTION 18 25
	EL NO			
2. PLEA	SE DESIGNATE	PERSON OR FIR	M TO RECEIVE ALI	CORRESPONDENCE
AND	NOTICES:			
OWN	ER/LESSEE/AGI	ent/other <u>~</u>	DNER	
NAM	E COUNTY	OF LOS	ANLECES	
	(FIRST)		(MIDDLE)	(LAST)
MAI	LING ADDRESS	900 SOLT F	+ FREMONT	AVENUE 9TH FLOO
		ALHAM BRA	, CA 718	AVENUE, 9TH FLOO 303-1331
		(CITY)	(STATE)	(ZIP)
TEL	EPHONE NO. (810) 458	- 7153	· · · · · · · · · · · · · · · · · · ·
3. PRIM	ARY PLACE OF	USE ·		
J. PATE	ant raite or	02- .		•
a.	OWNER NAME _			(0.00)
		(FIRST)	(MIDDLE)	(LAST)
b.	OWNER NAME	(PIRST)	(MIDDLE)	(LAST)
	DARCEL NO	(FIRST)	•	(Ind I)
	PARCEL NO.			
	SE SHOW NAME: PARCEL OWNE	•	ND TELEPHONE NU	MBERS OF ALL
a. 0	WNER NAME	(FIRST)	(WIDDLE)	(LAST)
	MATITME ADDR	,	,,	·
	MAILING ADDA		······································	· · · · · · · · · · · · · · · · · · ·
		(CITY)	(STATE)	(ZIP)
	TELEPHONE NO	. (-	
		· \		· · · · · · · · · · · · · · · · · · ·
b. 0	WNER NAME			
		(PIRST)	(MIDDLE)	(LAST)
	MAILING ADDR	3SS		
		TTTV\	(STATE)	(ZIP)
		CITY)	(SIMIB)	(215)
	TELEPHONE NO	· (

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

1994 ANNUAL RECORDATION NOTICE

Γ.					\neg
	FION NO: G193285 FRECORD: LOS ANGELES COUNTY WATERWO	orks			
900 S F	ELES COUNTY WATERWORKS REMONT AVE, 9TH FLOOR A, CA 91803				
	DESIGNATION OF WELL: 4-59 ELL NO: 7N/11W-18R S	(ELEPHONE (818) 458 PARCEL NO	-7198	•
(If any of the during the co					ges occur
- DI E 4 O E	GROUNDWATER EXTRACTION OF READ THE GENERAL INFORMATION ON THE RE		DIVERSION		
DEADLINE: . OWNERSI	recordation number(s) and be made payable to: STATE Notices must be postmarked no later than June 30, 199 HIP. Person listed above is: wner of land on which well or point of diversion is located, essee of land on which well or point of diversion is located wner of land, but lessee is extracting/diverting water. ther: Please explain:	5 , in order to be	e recorded.	. BOARD. DO	not send cash
. Do you div	ert surface water and also extract ground water?	yesno _>	<u> </u>		
METHOD OF W	/ater Meter ower Meter	VATER USE Agricultural Domestic or Municipa Other:	1072 (Must be a spo		⊠acre-feet □cubic-feet □gallons
C D D	EQUESTED: lose this file. (Files may be reopened at any time - fee reconstruction of not record my water use but keep my name on mailing ecord my water use. (fee required.) ransfer this file to: (NEW OWNER'S FIRST NAME)	quired.) ist. (No fee required)		(LAST NAME)	
· ·	onipany Name.	/w incide)	 - •	(LAST NAME)	·
A	ddress:(STREET ADDRESS)		(CITY)	(STATE)	(ZIP CODE)
Te	elephone:	_ Effective Date:	(0111)	(SIAIE)	(ZIF CODE)
THIS SE	PACE FOR OFFICE USE ONLY		R	AMT	·
3	- 		I 1	/\IVI !	

TATE WATER RESOURCES CONTF BOARD DIVISION OF WATER RIGHLS P.O. Box 2000

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION **INFORMATION SHEET**

1.	RECORDATION NO	G 193285	5		
_ `	RECORDATION NO WELL SITE: TOWNS	HIP 1N	RANGE 11 W S	SECTION 18 RS	
	PARCEL NO.				
2	PLEASE DESIGNATE		RM TO RECEIVE ALI	CORRESPONDENCE	
- •	AND NOTICES:				
	OWNER / LESSEE / AGE	NT/OTHER ~	ONER.		
		66 / 65	A) (-1=5		
	(FIRST)		(MIDDLE)	(LAST)	
	MAILING ADDRESS	900 50	UTH FREMONT	(LAST) AVENUE, 9TH FLOX 91803-1331 (ZIP)	シ
		ALHAMBRA	<u>CA</u>	91803-1331	
	TELEPHONE NO. (_	ala (CITY) 4	(STATE)	(ZIP)	
	TELEPHONE NO. (_	<u> 210</u>)1	- 1100		
3.	PRIMARY PLACE OF	USE:			
	a. OWNER NAME				
		(FIRST)	(MIDDLE)	(LAST)	
	PARCEL NO				
	b. OWNER NAME		- 		
		(FIRST)	(MIDDLE)	(LAST)	
	PARCEL NO				
	PLEASE SHOW NAMES WELL PARCEL OWNER		AND TELEPHONE NUM	MBERS OF ALL	
	a. OWNER NAME			· · · · · · · · · · · · · · · · · · ·	
		(FIRST)	(MIDDLE)	(LAST)	
	MAILING ADDRE	iss			
		(CITY)	(STATE)	(ZIP)	
	TELEPHONE NO.		-		
		· \			
	b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)	
	MAILING ADDRE				
	MAILING ADDRE				
		CITY)	(STATE)	(ZIP)	
	TELEPHONE NO.	. ()	<u> </u>		

4. D ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192727 OWNER OF RECORD: LA CO WATERWORKS DIST NO 24 LA CO WATERWORKS DIST NO 24 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 4 STATE WELL NO: 5N/10W-10E S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE \$5.00 **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR **⊠** acre-feet 4.54 cubic-feet METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE qallons → Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M NAME) (LAST NAME) Company Name: _ Address: _ Telephone: _ Effective Date:

R.

AMT:

THIS SPACE FOR OFFICE USE ONLY

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION

INFORMATION SHEET

	RECORDATION NO. 6 192727		
1.	WELL SITE: TOWNSHIP 50 RA	NCE 10 W C	POTTON 10 ES
		NGE 5	ECTION
_	PARCEL NO	TO DECETUE ALL	CODDECDOMDENCE
2.		10 RECEIVE ALL	CORRESPONDENCE
	AND NOTICES:	– 0 –	
	OWNER/LESSEE/AGENT/OTHER		
	NAME COUNTY OF COS ANCE	(MIDDIE)	(LAST)
	MAILING ADDRESS 900 COUTH	FREMONT ,	AVENUE, 9TH FLOOR
	MAILING ADDRESS GOODTH ALHAMBAA	CA 91803	-1331
	(CIII)	(SIAIB)	(217)
	TELEPHONE NO. $(\frac{618}{918})$ $\frac{458}{918}$	· <u>7153</u>	
3.	PRIMARY PLACE OF USE:		
J.			
	a. OWNER NAME	(MIDDLE)	(LAST)
	PARCEL NO.		(2027)
	b. OWNER NAME		
	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO.	···,	
	PLEASE SHOW NAMES, ADDRESSES AND WELL PARCEL OWNERS BELOW:	TELEPHONE NUM	BERS OF ALL
	a. OWNER NAME	 .	
	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS		
		()	
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()		
	b. OWNER NAME		
	(FIRST)	(MIDDLB)	(LAST)
	MAILING ADDRESS		
	(CITY)	(STATE)	(ZIP)
	TELEPHONE NO. ()		,,
			

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

4.

ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

STATE WATER RESOURCES CONTROL BOARD **DIVISION OF WATER RIGHTS**

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192549 OWNER OF RECORD: LA CO WATERWORKS DIST NO 27

LA CO WATERWORKS DIST NO 27 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

OWNER'S DESIGNATION OF WELL: NO 2

WR Form 502 (1/95)

STATE WELL NO: 5N/10W-7P S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR [SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE \$5.00 **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. 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. 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above is: Dwner 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? no 🗄 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR cubic-feet **METHOD OF MEASUREMENT** TYPE OF WATER USE □ gallons ∠≾ Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: ---4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: (STREET ADDRESS) (CITY) Telephone: Effective Date: _ THIS SPACE FOR OFFICE USE ONLY R. AMT:

CONTINUE ON BACK PAGE

TATE WATER RESOURCES CONTE BOARD DIVISION OF WATER RIGHLS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

RECORDATION NO WELL SITE: TOWNS PARCEL NO PLEASE DESIGNATE	SHIP <u>SU</u> RA		SECTION 7PS
AND NOTICES:	TNT /OTHER COLD	NER_	
OWNER/LESSEE/AGE	of Los And	Eles	
(FIRST)		(MIDDLE)	(LAST)
MAILING ADDRESS	Add South	FREMONT	AVENUE, 9TH FLOOR 302-1331 (21P)
	ALHAMBRA	<u>-1</u> 912	803-1331
TELEPHONE NO. (_	ENE 1 AGE	(STATE	(2IP)
			
PRIMARY PLACE OF	USE:		
a. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO			
b. OWNER NAME	(
PARCEL NO.	(FIRST)	(MIDDLE)	(LAST)
PLEASE SHOW NAMES WELL PARCEL OWNER a. OWNER NAME	S BELOW:	TELEPHONE N	UMBERS OF ALL
MAILING ADDRE			
	(CITY)	(STATE)	(ZIP)
TELEPHONE NO.	()	<u> </u>	
b. OWNER NAME			· · · · · · · · · · · · · · · · · · ·
WATI THE ADDRE	(PIRST)	(MIDDLE)	(LAST)
MAILING ADDRE	33		
	· · · · · · · · · · · · · · · · · · ·		

4.

ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192550 OWNER OF RECORD: CLA CO WATERWORKS DIST NO 27 CLA CO WATERWORKS DIST NO 27 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 3 TELEPHONE NUMBER: STATE WELL NO: 5N/10W-7R S (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) ₹ GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE \$5.00 is required for each Annual Recordation Notice. Check or money order should REQUIRED FEES: A filing fee of indicate your recordation number(s) and be made payable to: STATE WATER RESOURCES CONTROL BOARD. Do not send cash in order to be recorded. **DEADLINE:** Notices must be postmarked no later than June 30, 1. OWNERSHIP. Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: __ yes ! no 🔀 2. Do you divert surface water and also extract ground water? 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR ∠acre-feet 260.41 □ cubic-feet (Must be a specific number) TYPE OF WATER USE **METHOD OF MEASUREMENT** □aallons _ Agricultural ∠ Water Meter Domestic or Municipal Power Meter Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME)

R. THIS SPACE FOR OFFICE USE ONLY CONTINUE ON BACK PAGE

Effective Date:

(M NAME)

(STREET ADDRESS)

(LAST NAME)

(STATE)

AMT:

Company Name: ____

Address: _

Telephone: _

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECORDATION NO.	G 19 2550) 	
WELL SITE: TOWN	SHIP 5N	RANGE 10 W	SECTION 725
PARCEL NO.			
		RM TO RECEIVE AI	L CORRESPONDENCE
AND NOTICES:			
OWNER/LESSEE/AG	ENT/OTHER =	OWNER	
NAME CONTY	F 605	ANGELES	
(FIRST)		(MIDDLE)	(LAST)
MAILING ADDRESS			ENUE, 9TH FLOOL
	ALHAMBO A	, CA 9180	03-133/
	(CITY)	450 - 715-3	(ZIP)
TELEPHONE NO. (450 - 113 5	
3. PRIMARY PLACE OF	USE:		
a. OWNER NAME _	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO.			
b. OWNER NAME			
2. 0	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO.			
PLEASE SHOW NAME WELL PARCEL OWNE		AND TELEPHONE N	IMBERS OF ALL
a. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDR	ESS		
	(CITY)	(STATE)	(ZIP)
mei eduone no). ()		(227)
TELEPHONE NO	·· \/	······································	
b. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDR	EESS		
	(CITY)	(STATE)	(ZIP)
). ()	·	,
TELEPHONE NO	· \/		

4. □ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX. (1/95)

STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192551 OWNER OF RECORD: CLA CO WATERWORKS DIST NO 27 CLA CO WATERWORKS DIST NO 27 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 4 STATE WELL NO: 5N/10W-5R S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR L SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE \$5.00 is required for each Annual Recordation Notice. Check or money order should **REQUIRED FEES:** A filing fee of 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, , in order to be recorded. 1. OWNERSHIP. Person listed above is: **P**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: 2. Do you divert surface water and also extract ground water? no 🔀

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR x acre-feet □cubic-feet (Must be a specific number) **METHOD OF MEASUREMENT** TYPE OF WATER USE □gallons ➤ Water Meter Agricultural Domestic or Municipal Power Meter Nonmetered or Estimated 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: (STREET ADDRESS) (CITY) (STATE) (ZIP CODE) Telephone: _ Effective Date: . R. AMT: THIS SPACE FOR OFFICE USE ONLY

*** CONTINUE ON BACK PAGE ***

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO. $G 19255$ WELL SITE: TOWNSHIP $5N$ RANGE 10ω SECTION $5R5$
	WELL SITE: TOWNSHIP RANGE SECTION SECTION
	PARCEL NO.
2.	PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE
	AND NOTICES:
	OWNER/LESSEE/AGENT/OTHER OWNER
	NAME COUNTY OF LOS ANEELES
	(PIRST) (MIDDLE) (LAST)
	MAILING ADDRESS THE PLEASE OF PREMION OF ACCOUNT ACCOUNTY PLEASE OF THE
	MAILING ADDRESS 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 7/803-737/ (CITY) (STATE) (ZIP)
	TELEPHONE NO. (818) 458 - $7/53$
	TEHEPHONE No. (
3.	PRIMARY PLACE OF USE:
	a. OWNER NAME
	(FIRST) (MIDDLE) (LAST)
	PARCEL NO.
	b. OWNER NAME
	(FIRST) (MIDDLE) (LAST)
	PARCEL NO.
	PLEASE SHOW NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL
	WELL PARCEL OWNERS BELOW:
	a. OWNER NAME
	(FIRST) (MIDDLE) (LAST) MAILING ADDRESS
	MAILING ADDRESS
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. ()
	b. OWNER NAME (FIRST) (MIDDLE) (LAST)
	MAILING ADDRESS
	(CITY) (STATE) (ZIP)
	TELEPHONE NO. ()

4.

ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193286 OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 OWNER'S DESIGNATION OF WELL: 34-6 STATE WELL NO: 6N/12W-15H S TELEPHONE NUMBER: (818) 458-7198 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION 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 Recordation Notice. 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, 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: _ 2. Do you divert surface water and also extract ground water? no 🛰 ves 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR 114.00 ∃cubic-feet l METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE gallons Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address: (STREET ADDRESS) (CITY) (STATE) Telephone:_ Effective Date: THIS SPACE FOR OFFICE USE ONLY R. AMT:

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO. 61932	86	
	WELL SITE: TOWNSHIP LOL	RANGE 124	SECTION IS HS
	PARCEL NO.		
2.	PLEASE DESIGNATE PERSON C	R FIRM TO RECEIVE	ALL CORRESPONDENCE
	AND NOTICES:		
	OWNER/LESSEE/AGENT/OTHER	OUNER	
	OWNER/LESSEE/AGENT/OTHER NAME COUNTY OF LOG	ANGELES	
	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS 900		
	ALHAM	BOA , CA	9/803 - /33/ TATE) (ZIP)
	TELEPHONE NO. (818)	i) (s 167	TATE) (ZIP)
	TELEPHONE NO. ()	<u>400</u> - <u>1.00</u>	· · · · · · · · · · · · · · · · · · ·
3.	PRIMARY PLACE OF USE:		
	a. OWNER NAME		
	(FIRST)	(MIDDLB)	(LAST)
	PARCEL NO.		
	b. OWNER NAME		· · · · · · · · · · · · · · · · · · ·
	(FIRST)	(MIDDLE)	(LAST)
	PARCEL NO.		
	PLEASE SHOW NAMES, ADDRESS WELL PARCEL OWNERS BELOW:		NUMBERS OF ALL
	a. OWNER NAME		
	(FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS		
	(CITY)	(ST	(ZIP)
	TELEPHONE NO. (, , , , , , , , , , , , , , , , , , , ,
	b. OWNER NAME	(MIDDLE)	(LAST)
	(FIRST)		
	MAILING ADDRESS		
	(CITY)	(STATE	3) (ZIP)
	TELEPHONE NO. (_)	

4. D ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193049 OWNER OF RECORD: LA CO WATERWORKS DIST NO 35 LA CO WATERWORKS DIST NO 35 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: WELL 1 STATE WELL NO: 7N/10W-3A S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR [SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE \$5.00 **REQUIRED FEES:** A filling fee of is required for each Annual Recordation Notice. 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. 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above is: <u>Cowner of land on which well or point of diversion is located, and is extracting/diverting water.</u> 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: _ 2. Do you divert surface water and also extract ground water? no 🔀 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR ≥ acre-feet 74.37 ___cubic-feet METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE ___ gallons 🗠 Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: _ 4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: __ Address: _ (STREET ADDRESS) (CITY) Telephone: __ Effective Date: THIS SPACE FOR OFFICE USE ONLY R. AMT:

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHT'S P.O. Box 2000

Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECORDATION NO.	6193049		
WELL SITE: TOWN	SHIP <u>7</u> R	ange 100 s	ECTION 3 - S
PARCEL NO.			
2. PLEASE DESIGNATE	PERSON OR FIRM	TO RECEIVE ALL	CORRESPONDENCE
AND NOTICES:			•
OWNER/LESSEE/AG	ENT/OTHER ZUN	El-	
NAME COUNTY	e us ANE	ELES	
(FIRST)		(MIDDLE)	(LAST)
MATLING ADDRESS	900 00UTH	FREMONT 1	WENLIE, 9TH FLOOR
	ALHAMBAA	CA 41803-	-133/
TELEPHONE NO. ((CITY)	(STATE)	(ZIP)
TELEPHONE NO. (<u>ele)</u> 458	<u> - 1157</u>	
3. PRIMARY PLACE OF	TTCF.		
a. OWNER NAME _			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO.			
b. OWNER NAME _			
	(FIRST)	(MIDDLE)	(LAST)
PARCEL NO.			
PLEASE SHOW NAME WELL PARCEL OWNE		D TELEPHONE NUM	BERS OF ALL
a. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDR	ESS		
	(CITY)	(STATE)	(ZIP)
TELEPHONE NO	· ()	<u> </u>	
b. OWNER NAME			
	(FIRST)	(MIDDLE)	(LAST)
MAILING ADDR	ESS		
-	(CITY)	(STATE)	(ZIP)
TELEPHONE NO). ()	<u> </u>	

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□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

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STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192865 OWNER OF RECORD: LA CO WATERWORKS DIST NO 38 LA CO WATERWORKS DIST NO 38 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: WELL NO 1 STATE WELL NO: 6N/9W-10 S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE \$5.00 **REQUIRED FEES:** A filing fee of is required for each Annual Recordation Notice. 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. 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above is: <u>Sowner of land on which well or point of diversion is located, and is extracting/diverting water.</u> 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: _ 2. Do you divert surface water and also extract ground water? ves no 🔀 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR ≥ acre-feet 909.09 cubic-feet METHOD OF MEASUREMENT (Must be a specific number) TYPE OF WATER USE oallons → Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated 4. ACTION REQUESTED: ___ Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) (LAST NAME) Company Name: __ Address: _ (STREET ADDRESS) (STATE) (ZIP CODE) Telephone: ___ Effective Date: THIS SPACE FOR OFFICE USE ONLY AMT:

*** CONTINUE ON BACK PAGE ***

'ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHLS P.O. Box 2000 Sacramento, CA 95812-2000

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GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1. RECORDATION NO	C192865	<u> </u>	
WELL SITE: TO	WNSHIP 6N	RANGE 9 w si	ection 60 5
PARCEL NO.			
	·	M TO RECEIVE ALL	CORRESPONDENCE
AND NOTICES:			
	AGENT/OTHER 🗢	WNEL	
NAME COUNTY	of los 4	heeles	
(FIRST		(WIDDLE)	(LAST)
MAILING ADDRE	ss 900 South	FREMENT	AVENUE, 97H FLOOR
	ALHAMBOA	, 9A 91803	- 133/
	(CITY)	(STATE)	(ZIP)
TELEPHONE NO.	(<u>818</u>) 45	<u>8 - 7/53</u>	· · · · · · · · · · · · · · · · · · ·
3. PRIMARY PLACE	OF TISE:		
J. FRIMMI IMICA	· · · · · · · · · · · · · · · · · · ·		
a. OWNER NAME		(477777)	(1.2 cm)
	(FIRST)		(LAST)
	•	·	
b. OWNER NAME	(PIRST)	(MIDDLB)	(LAST)
DARCET NO	(FIRST)		(Linus)
PLEASE SHOW NAME WELL PARCEL OW		ND TELEPHONE NUM	BERS OF ALL
a. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
MATT.TNG AD	DRESS		
	(CITY)	(STATE)	(ZIP)
TELEPHONE	NO. ()		
			
b. OWNER NAME	(FIRST)	(MIDDLE)	(LAST)
WATE THE AD	,	,	(IRD1)
MAILING AD	DRESS		
<u></u>	(CITY)	(STATE)	(ZIP)
TET. PDH∩NE	NO. ()	• •	•
LEURFHUNG	· \		

4. D ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193247
OWNER OF RECORD: LA CO WATERWORKS DIST NO 38
LA CO WATERWORKS DIST NO 38
900 SOUTH FREMONT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331

OWNER'S DESIGNATION OF WELL: 3 STATE WELL NO: 6N/9W-10Q01 S	TELEPHONE NUMBER: (818) 458-7156 PARCEL NO:
(If any of the above information is inaccurate or missing, please correct during the coming year.)	<u> </u>
✓ GROUNDWATER EXTRACTION (
PLEASE READ THE GENERAL INFORMATION ON THE RE	EVERSE SIDE BEFORE COMPLETING THIS NOTICE
REQUIRED FEES: A filing fee of \$5.00 is required for eindicate your recordation number(s) and be made payable to: STATE	each Annual Recordation Notice. Check or money order should WATER RESOURCES CONTROL BOARD. Do not send cash
DEADLINE: Notices must be postmarked no later than June 30,	95 , in order to be recorded.
1. OWNERSHIP. Person listed above is: Owner of land on which well or point of diversion is located, Lessee of land on which well or point of diversion is located Owner of land, but is extracting/diverting water. Other: Please explain:	and is extracting/diverting water. I, and is extracting/diverting water.
2. Do you divert surface water and also extract ground water?	yes no 🔀
3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENE	DAR YEAR — ISO. 37 — Cubic-feet
Water Meter Power Meter	MATER USE (Must be a specific number) gallons Agricultural Domestic or Municipal Other:
4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee reconstruction of the contraction of the contra	list. (No fee required)
Company Name:(NEW OWNER'S FIRST NAME)	(M. NAME) (LAST NAME)
Address:(STREET ADDRESS)	(CITY) (STATE) (ZIP CODE)
Telephone:	
THIS SPACE FOR OFFICE USE ONLY	R AMT:

TATE WATER RESOURCES CONT ; BOARD DIVISION OF WATER RIGHT'S P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

MELL SITE:		E 1932		E 9 00	_ SECTION	10Q	01
PARCEL NO.							
PLEASE DESI	GNATE	PERSON OR	FIRM TO	RECEIVE	ALL CORRE	SPOND	ENCE
AND NOTICES							
OWNER/LESS	SEE/AGE	NT/OTHER	SUNER				
NAME COUN	TT O	F LOS	ANCEL	5			
	(FIRST)	_		DDLE)	(LAS		
MAILING AL	DRESS	900	BOUTH	FREMONT	AVENUE	974	Frace
		ALLHAMOR A	· , CA	9180	TB)		
TELEPHONE	NO. (_	86)	458	- <u>1153</u>	TB)	(ZIP)	
PRIMARY PLA	CE OF	USE:			· · · · · · · · · · · · · · · · · · ·		
a. OWNER N	IAME						
		(FIRST)	(1	(IDDLB)	(LAST)		
PARCEL	NO						
b. OWNER N	IAME		 _				
		(FIRST)		(MIDDLE)	(LAST)		
PARCEL	. но						
PLEASE SHOW		, ADDRESSI S BELOW:	es and t	ELEPHONE 1	NUMBERS OF	' ALL	
WELL PARCEL							
a. OWNER NA	ME						
	WE	(FIRST)		(MIDDLE)	(1	AST)	<u> </u>
		(FIRST)		(MIDDLR)	(1	LAST)	
a. OWNER NA		(FIRST)		(STAT		(ZIP)	<u> </u>
a. OWNER NA	ADDRE	(FIRST)					
a. OWNER NA	ADDRE	(FIRST) SS (CITY)					
a. OWNER NA MAILING TELEPHO	ADDRE	(FIRST) SS (CITY)				/ZIP)	
a. OWNER NA MAILING TELEPHO b. OWNER NA	ADDRE	(FIRST) SS	(1)	(STAT	B) (/ZIP)	
a. OWNER NA MAILING TELEPHO b. OWNER NA	ADDRE	(FIRST) (CITY) ()	(1)	(STAT	B) (/ZIP)	

4.
□ ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

STATE WATER RESOURCES CONTROL BOARD DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193159 OWNER OF RECORD: LA CO WATERWORKS DIST NO 39 LA CO WATERWORKS DIST NO 39 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 OWNER'S DESIGNATION OF WELL: NO 1 STATE WELL NO: 9N/1W-31R S TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: (If any of the above information is inaccurate or missing, please correct. Notify this office if ownership or address changes occur during the coming year.) GROUNDWATER EXTRACTION OR SURFACE DIVERSION 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 Recordation Notice. 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. 1995 , in order to be recorded. 1. OWNERSHIP. Person listed above 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: _ 2. Do you divert surface water and also extract ground water? 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR ≥ acre-feet 228.25 cubic-feet METHOD OF MEASUREMENT TYPE OF WATER USE (Must be a specific number) □ gallons ∠ Water Meter Agricultural Power Meter Domestic or Municipal Nonmetered or Estimated Other: -4. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Do not record my water use but keep my name on mailing list. (No fee required) Record my water use. (fee required.) Transfer this file to: _ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name: _ Address: _ (STREET ADDRESS) (CITY) (STATE) Telephone: _ Effective Date:

R.

AMT:

THIS SPACE FOR OFFICE USE ONLY

ATE WATER RESOURCES CONTR BOARD DIVISION OF WATER RIGHTS P.O. Box 2000 Sacramento, CA 95812-2000

GROUNDWATER EXTRACTION RECORDATION INFORMATION SHEET

1.	RECORDATION NO G	-193159		
- •	WELL SITE: TOWNSHI		RANGE 1 W	SECTION 31RS
	PARCEL NO.			
2.	PLEASE DESIGNATE PE		IRM TO RECEIVE	ALL CORRESPONDENCE
.	AND NOTICES:			
	OWNER/LESSEE/AGENT	/OTHER <	WNER	
	NAME COUNTY O	of Los	ANGELES	
	(FIRST)		(WIDDLE)	(LAST)
				AVENUE, 4TH FLED
	AL	HAMBLA	GA	11803-133/
	TELEPHONE NO. ((CITY) (C)	45e - 7/53	
3.	PRIMARY PLACE OF US	E :		
	a. OWNER NAME			
		(PIRST)	(MIDDLE)	(LAST)
	PARCEL NO	····		
	b. OWNER NAME	(FIRST)	(MIDDLB)	/* > CM >
	PARCEL NO			(LAST)
	PLEASE SHOW NAMES, WELL PARCEL OWNERS		AND TELEPHONE	NUMBERS OF ALL
	a. OWNER NAME			
	(P	'IRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS			····
	(c	ITY)	(STA	TE) (ZIP)
	TELEPHONE NO. ()		
	b. OWNER NAME		(42222	(7.20)
	·	FIRST)	(MIDDLE)	(LAST)
	MAILING ADDRESS	·		
	(CITY))	(STATE)	(ZIP)
	TELEPHONE NO. ()		

4.

ADDITIONAL INFORMATION CONTINUED ON BACK OF PAGE OR ATTACHED

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR ADDITIONAL OWNERS OR PLACES OF USE AND CHECK THE ADDITIONAL INFORMATION BOX.

*** PLEASE COMPLE SUBMIT THE ORIGINAL AND MAKE A CC FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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 Recordation Notice. 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 29, 1996, in order to be recorded.

OWNER OF RECORD: COUNTY OF LOS ANGELES

COUNTY OF LOS ANGELES 900 SOUTH FREMONT AVENUE - 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G192722

OWNER'S DESIGNATISTATE WELL NO: 8 M	I/13W-36N S				1 TELEPHONE NUMBER: (818) 458-7156 PARCEL NO: bless changes occur during the corr	ning year.
1. OWNERSHIP. Person listed be □ <u>Owner</u> of land on which well or poi □ <u>Lessee</u> of land on which well or po □ <u>Owner</u> of land, but <u>lessee</u> is extract □ <u>Other:</u> Please explain:	nt of diversion is located int of diversion is located					Pacre-feet
2. Do you divert surface water a	nd also extract grou	nd water?	□ yes 🗹	no	BI. 20	Cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUR	ING CALENDAI	RYEAR -	<u>-</u> -	(Must be an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	✓ Water Meter ☐ Agricultural	Domestic o			red or Estimated	
4. ACTION REQUESTED: ☐ Close this file. (Files may be reop ☐ Record my water use. (fee required ☐ Do not record my water use but kee ☐ Transfer this file to:	ep my name on mailing li		d)			
	(NEW OWNER'S FIRST NAME	a	(M. NAME)		(LAST NAME)	
Company Name:	(MALLING ADDRES				-	(STATE) ZP COOE)
Telephone: ()	(MARING ADDRES	5)	Effective :	Nate:	(CITY)	(STATE) SPOOR
5. SUPPLEMENTAL INFORMATIO	N. Please list any change	s in your project since		<u> </u>	gation, new method of imigation, etc.)	or any other comments.
6. CERTIFICATION AND SIGNAT	JRE: I certify under penalt	ty of perjury that the	foregoing statem	ents are true and	correct, to the best of my knowledge	la
Signature:	lores			Today's	Date: <u>6/25/96</u>	
Printed Name: PETE				FL	04E5	
Company Name: La Can H	FST NAME) DEPT OF	Punk	Weeks	. War	LAST NAME)	
THIS SPACE FOR OFFICE USE O	NLY				Ř	AMT:

*** PLEASE COMPLE SUBMIT THE ORIGINAL AND MAKE A CL . FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G192543

OWNER'S DESIGNATION OF WELL: NO 5 INSTALLED 1947 STATE WELL NO: 7N/12W-22B S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

If the above information is inaccurate, pleas	se line it out in red and provid	le current information. Notify this off	ice if ownership or a	address changes occur during the comir	ng year.	
1. OWNERSHIP. Person listed be ② <u>Owner</u> of land on which well or po Lessee of land on which well or po Owner of land, but <u>lessee</u> is extrae □ <u>Other</u> : Please explain:	int of diversion is located bint of diversion is located cting/diverting water.				☐ acre	foot
2. Do you divert surface water	and also extract grou	nd water? 🗇 yes 🛈	a ∕no	229.01		c-feet
3. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DUR	ING CALENDAR YEAR -		(Must be an specific number)	_	ons
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter ☐ Agricultural	☐ Power Meter ☐ Domestic or Municipal		ered or Estimated		
4. ACTION REQUESTED: Close this file. (Files may be reoperated by Mecord my water use. (fee required to not record my water use but ke	i.)					
Transfer this file to:						
Company Name:		E) (M. NAN	É)	(LAST NAME)		
Address:	(MAILING ADDRES	is)		(CITY)	(STATE) (Z	ZP CODE)
Telephone: ()		Effective	e Date:			
5. SUPPLEMENTAL INFORMATION	ON. Please list any change	is in your project since last year (new	v pump, new land in	nigation, new method of imigation, etc.) o	r any other co	mments.
6. CERTIFICATION AND SIGNAT Signature: TETE Printed Name: TETE		ty of perjury that the foregoing state	Today's	,		
	F(RST NAME)	M NAME		(LAST NAME)		
Company Name: _ ∠ . △ .						
THIS SPACE FOR OFFICE USE O	24.11.27			R.	AMT:	$\overline{}$

*** PLEASE COMPLE SUBMIT THE ORIGINAL AND MAKE A CL . FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G192546

OWNER'S DESIGNATION OF WELL: NO 9 INSTALLED AUG 1953 STATE WELL NO: 7N/12W-15R S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

If the above information is inaccurate, pleas	e line it out in red and provid	le current information. Notify this off	ice if ownership or ad	ldress changes occur during the comir	ng year.	
1. OWNERSHIP. Person listed be Owner of land on which well or point Lessee of land on which well or point Owner of land, but lessee is extraction Other: Please explain:	nt of diversion is located int of diversion is located ting/diverting water.			·	<u></u>	acre-feet
2. Do you divert surface water a	nd also extract grou	nd water? 🗇 yes 🛭	9 ∕no	623.24		cubic-feet
3. AMOUNT OF WATER EXTRAC				(Must be an specific number)	6	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter ☐ Agricultural	☐ Power Meter ☐ Domestic or Municipal		ed or Estimated		
4. ACTION REQUESTED: ☐ Close this file. (Files may be reoper of the coord my water use. (fee required of the coord my water use but keeps)	.)	•				
Transfer this file to:						
Company Name:	(NEW OWNER'S FIRST NAME	E) (M. NAN	.	(LAST NAME)		
Address:	(MAILING ADDRES	(2)		(CfTY)	(STATE)	ZP 000E)
Telephone: ()	(massic ross co		ve Date:			
5. SUPPLEMENTAL INFORMATIO	DN. Please list any change	is in your project since last year (new	v pump, new land irriç	gation, new method of irrigation, etc.) o	r any othe	r comments.
6. CERTIFICATION AND SIGNAT Signature:	//		Today's	Date: 6/25/96		
Printed Name: #= TETE		<u></u>		Lests		
	IRST NAME!	of Public	Weeks	WATER WORKS		
THIS SPACE FOR OFFICE USE O	NŁY			R	AMT	

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

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: CLA CO WATERWORKS DIST NO $4\,$

CLA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 **RECORDATION NO:** G192554

OWNER'S DESIGNATION OF WELL: NO 12 STATE WELL NO: 7N/12W-21C S

TELEPHONE NUMBER: (818) 458-7156
PARCEL NO:

TO CEDOTO REGISTRADO PER CAMPA DE CAMPA					
1. OWNERSHIP. Person listed be Owner of land on which well or po Owner of land on which well or po Owner of land, but lessee is extract Other: Please explain:	int of diversion is located, and is bint of diversion is located, and is cting/diverting water.	extracting/diverting wat extracting/diverting wa	er. ter.		© acre-feet
2. Do you divert surface water	and also extract ground wat	ter? ☐ yes	® no ∣	271.30	cubic-feet
3. AMOUNT OF WATER EXTRAC				(Must be an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	_ ************************************	Power Meter Domestic or Municipal		red or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be reo Record my water use. (fee required Do not record my water use but ke	d.) ep my name on mailing list. (No	fee required)			
Transfer this file to:	(NEW OWNER'S FIRST NAME)	(M. N/	LME)	(LAST NAME)	
Address:	(MAILING ADDRESS)			(am)	STATE EP CODE)
Telephone: ()					
5. SUPPLEMENTAL INFORMAT	ION. Please list any changes in you	r project since last year (N	ew pump, new land in	ngation, new method of imgallon, etc.	i di any come communication
6. CERTIFICATION AND SIGNA	TURE: I certify under penalty of pe	erjury that the foregoing st	atements are true and	d correct, to the best of my knowledg	e .
Signature: // tt	Lous_		Today's	s Date: <u>U/25/96</u>	
Olgridioro.			F	LORES	
Printed Name.	(FIRST NAME)	of furnic	Works	WIATERWORKS	>
Company Name.				0	AMT
THIS SPACE FOR OFFICE USE	ONLY			R	

*** PLEASE COMPL. 4, SUBMIT THE ORIGINAL AND MAKE A C 22Y FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G192729

OWNER'S DESIGNATION OF WELL: NO 15 STATE WELL NO: 7N/12W-11M S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

METHOD OF MEASUREMENT Water Meter Power Meter Other: Close this file. (Files may be reopened at any time - fee required.) Ponostic or Municipal Transfer this file to: (NEW OWNER'S FIRST NAME) (Must be an specific number) Gallons (Must be an specific number) (Must be an specific number) Other: Nonmetered or Estimated Other: Other: (Must be an specific number) Other: In Nonmetered or Estimated Other: Other: (Must be an specific number) Other: (Must be an specific number) Other: (Must be an specific number) Other: Other: (Must be an specific number)	 Owner of land, but lessee is extract Other: Please explain: Do you divert surface water a 		d water? ☐ yes ☑ no	13-06	acre-feet
ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Precord my water use. (fee required.) Transfer this file to: Company Name: Address: (MALUNIA ADDRESS) Telephone: ()	B. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DURIN	IG CALENDAR YEAR		gallons
Close this file. (Files may be reopened at any time - fee required.) Record my water use. (fee required.) Transfer this file to: (NEW OWNERS PRIST NAME) (NA NAME) (OTTY) Telephone: () Telephone: () 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 commet CERTIFICATION AND SIGNATURE: I certify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. Today's Date: Today's Date: Printed Name: Part FIRST NAME) Printed Name: Part FIRST NAME	METHOD OF MEASUREMENT TYPE OF WATER USE			• • • • • • • • • • • • • • • • • • • •	
Company Name: Address: (MAULING ADDRESS) Telephone: ()	Record my water use. (fee required	i .)			
Company Name: Address: (MAULING ADDRESS) Telephone: ()	Transfer this file to:				
Telephone: ()	Company Name:	(NEW OWNER'S FIRST NAME)	(M. NAME)	(LAST NAME)	
Telephone: ()					
5. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. 5. CERTIFICATION AND SIGNATURE: I certify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. 5. Signature: Today's Date: CINATE TODAY'S DATE: PETE FIRST NAME: PAST NAME: TODAY NAME: TOD	Address:	(MAILING ADDRESS)		(CITY)	(STATE) ZP CODE)
Signature: Signature: Signature: Today's Date: Col25/94 Printed Name: PETE FLORES Col25/94 Printed Name: Co		(MAILING ADDRESS)	Effective Date:	(CITY)	(STATE) DP CODE)
Printed Name: PETE FIRST NAME: (JAST NAME)	Telephone: ()				
FIRST NAME) JAST NAME JAST NAME	Telephone: () 5. SUPPLEMENTAL INFORMATION 6. CERTIFICATION AND SIGNAT	ON. Please list any changes in	in your project since last year (new pump, new land of perjury that the foregoing statements are true a	imgation, new method of irrigation, etc.) o	
	Telephone: () 5. SUPPLEMENTAL INFORMATION 6. CERTIFICATION AND SIGNAT Signature:	ON. Please list any changes in	of perjury that the foregoing statements are true a	imgation, new method of irrigation, etc.) of irrigation ir	

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

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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 Recordation Notice. 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 29, 1996, in order to be recorded.

OWNER OF RECORD: CLA CO WATERWORKS DIST NO 4

CLA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G192557

OWNER'S DESIGNATION OF WELL: NO 17 STATE WELL NO: 7N/12W-15R S

TELEPHONE NUMBER: (818) 458-7156
PARCEL NO:

1. OWNERSHIP. Person listed be Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra Other: Please explain: 2. Do you divert surface water 3. AMOUNT OF WATER EXTRACT	int of diversion is located, pint of diversion is located, cting/diverting water. and also extract groun	and is extracting/diverting water?	⊒√110 	(Nust for	w Ro NG) e an specific number)	Acre-feet cubic-feet gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☐ Agricultural	Domestic or Municipal	Oth	ner:		
4. ACTION REQUESTED: ☐ Close this file. (Files may be red ☐ Record my water use. (fee require ☐ Do not record my water use but ke	d.) eep my name on mailing lis	st. (No fee required)				
☐ Transfer this file to:	(NEW OWNER'S FIRST NAME	(M.	NAME)		(LAST NAME)	
Company Name:				<u> </u>		
Address:	(MAILING ADDRESS	S)			(CITY)	(STATE) ZIP CODE)
Telephone: ()	· 	Effe	ctive Date:			
5. SUPPLEMENTAL INFORMAT	ION. Please list any change:	s in your project since last year (new pump, new	land imgation, new	method of irrigation, etc.	or any other comments
6. CERTIFICATION AND SIGNA	TURE: I certify under penal	ity of perjury that the foregoing s	tatements are t	true and correct, to t	he best of my knowledg	e.
Signature: Lt 7			T	oday's Date:	6125/96	
D=72				Froci	=5	
Printed Name: PETE	(FIRST NAME)	of Pupil "	IAME)	Wares	(LAST NAME)	
Company Name: LA Co.	INTY LEDT	OF THESE C	WATES_	00.722		
THIS SPACE FOR OFFICE USE	ONLY				R	AMT

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

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: CLA CO WATERWORKS DIST NO 4

CLA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G192558

OWNER'S DESIGNATION OF WELL: NO 18 STATE WELL NO: 7N/12W-9M S

TELEPHONE NUMBER: (818) 458-7156

PARCEL NO:

TYPE OF WATER USE Agricultural Domestic or Municipal Other:	Title above il liotti audit is il accurate, press	SO E D R GOLD TO G. C.	•	•		
AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR METHOD OF MEASUREMENT	Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra	oint of diversion is located, and oint of diversion is located, and cting/diverting water.	is extracting/diverting water. d is extracting/diverting water.			☐ acre-feet
MANDUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR METHOD OF MEASUREMENT Power Meter Power Meter Nonmetered or Estimated Other: A. ACTION REQUESTED: Close this file. (Files may be reopened at any time - fee required.) Toon of record my water use but keep my name on mailing list. (No fee required) Transfer this file to: (NEW OWNERS FRAST NAME) (NA NAME) (ULST NAME) (OTT) (STATE) (2P COOCE) Telephone: () S. 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 6. CERTIFICATION AND SIGNATURE: I certify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. Finance Fraction of the control of t	2. Do you divert surface water	and also extract ground v	vater? ☐ yes 🗷 no	4	P	
A 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: (MANNE)	3. AMOUNT OF WATER EXTRA	CTED/DIVERTED DURING	CALENDAR YEAR	(Must t	e an specific number) J gallons
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:	METHOD OF MEASUREMENT TYPE OF WATER USE		, 1 9/10/ /110/01			
Company Name: Address: [MALLING ADDRESS] Telephone: ()	→ Record my water use. (fee require → Do not record my water use but keep to be	d.) eep my name on mailing list. (l				
Address:	Transfer this file to:	(NEW OWNER'S FIRST NAME)	(M. NAME)		(LAST NAME)	
Telephone: ()	Company Name:					
5. 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 6. CERTIFICATION AND SIGNATURE: I certify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. Signature: Today's Date: FLOETS (INST NAME) COMPANY DEPT OF PURE WORK WATCHESELS (LAST NAME) PANT:	Address:	(MAILING ADDRESS)			(CITY)	(STATE) (ZIP CODE
6. CERTIFICATION AND SIGNATURE: I certify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. Signature:	Telephone: ()		Effective Da	te:		
Signature:	5. SUPPLEMENTAL INFORMAT	10N. Please list any changes in	your project since last year (new pur	np, new land imigation, new	method of irrigation, etc	.) or any other commen
Signature:	6. CERTIFICATION AND SIGNA	TURE: I certify under penalty of	perjury that the foregoing statement	nts are true and correct, to t	he best of my knowledg	ge.
Printed Name:	///-	· / #		Today's Date:	6/25/90	
Company Name.	Signature.			FLORES		
Company Name.	Printed Name: 7070	(FIRST NAME)	(M. NAME)		(LAST NAME)	
THIS SPACE FOR OFFICE LISE ONLY	Company Name: C	OUNTY DEA	- of Fublic Way	11 WATELWEEK	5	
	THE SPACE FOR OFFICE USE	ONLY			R	AMT:

*** PLEASE COMPLE ... SUBMIT THE ORIGINAL AND MAKE A CC. 1 FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS. P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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 Recordation Notice. 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 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G192730

OWNER'S DESIGNATION OF WELL: NO 19 STATE WELL NO: 7N/12W-27H S

TELEPHONE NUMBER:

(818) 458-7156

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated Other: Close this file. (Files may be reopened at &::y time - fee required.) Consent 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: (MALING ADDRESS) Telephone: ()	gallons	(Must be an specific number)		and also extract ground water?	2. Do you divert surface water a
Agricultural Domestic or Municipal Other: ACTION REQUESTED: Close this file. (Files may be reopened at &:?y 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 RRST NAME) (NA NAME) (LAST NAME) Address: (CITY) (STATE			AR	CTED/DIVERTED DURING CALENDAR	. AMOUNT OF WATER EXTRAC
Close this file. (Files may be reopened at &::ty 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 RRST NAME) (LAST NAME) Company Name: Address: (MAILING ADDRESS) (CITY) (STATE					
(NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME) Company Name:				i.)	Close this file. (Files may be reope Afecord my water use. (fee required.
Company Name:					Transfer this file to:
(MAILING ADDRESS) (CITY) (STATE		(LAST NAME)	(M. NAME)	(NEW OWNER'S FIRST NAME)	Company Name:
Telephone: () Effective Date:	TE) ZIP CODE	(CITY) (SI			Address:
	2, 2, 3, 3,	(2007)	Effective Date:	(MAILING AUCHESS)	Telephone: ()
	y other commer			ON. Please list any changes in your project since	, , ,
			·		
6. CERTIFICATION AND SIGNATURE: I certify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge.			oing statements are true an	URE: I certify under penalty of perjury that the	S. CERTIFICATION AND SIGNATI
Signature: Hith Flows Today's Date: 6/25/96		nd correct, to the best of my knowledge.		9	Signatura: U.t. + K
			Today	Colla	signature
Company Name: LA Courty Waterweeks DENT of Public WARKS		s Date: 6/25/96		Calla	Printed Name: Pere

*** PLEASE COMPLE. _, SUBMIT THE ORIGINAL AND MAKE A CG-Y FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G192731

OWNER'S DESIGNATION OF WELL: NO 20 STATE WELL NO: 7N/12W-9M S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

 Owner of land, but lessee is extra Other: Please explain: Do you divert surface water AMOUNT OF WATER EXTRAGO 	and also extract ground water		(Must be an specific number)	acre-feet cubic-feet gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter □ Pov	wer Meter	red or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be red Kecord my water use. (fee require Do not record my water use but ke	1.)			
Transfer this file to:	(NEW OWNER'S FIRST NAME)	(M. NAME)	(LAST NAME)	
Company Name:	(IET OFFETS FIRST STREET)	(11.193-1)	(2.2	
Address:	(MAILUNG ADDRESS)		(CITY)	(STATE) ZP 000E)
Telephone: ()	,	Effective Date:		
5. SUPPLEMENTAL INFORMATI	ON. Please list any changes in your pr	roject since last year (new pump, new land in	igation, new method of irrigation, etc.)	or any other comments.
/1./ <u>←</u> '	CURE I certify under penalty of perjun	_	Date: 6/25/96	
6. CERTIFICATION AND SIGNA Signature: # # # # # # # # # # # # # # # # # # #	las	Today's	Date: <u>6/25/96</u>	
Signature: # 1	FIRST NAME) SOLINTY DEPT OF	Today's	Date: 6/25/96	

*** PLEASE COMPLE ..., SUBMIT THE ORIGINAL AND MAKE A CU, Y FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G192942

OWNER'S DESIGNATION OF WELL: WELL NO 22 STATE WELL NO: 7N/13W-24M S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

If the above information is inaccurate, pleas	e line it out in red and provide	current information. Notify this	office if ownership or a	address changes occur during the cor	ning year.
1. OWNERSHIP. Person listed be Owner of land on which well or point Lessee of land on which well or point Lessee of land, but lessee is extract Other: Please explain:	int of diversion is located, bint of diversion is located, cting/diverting water.				Wacre-feet
2. Do you divert surface water a	and also extract grour	nd water? □ yes	⊠ no	94.84	cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DURI	NG CALENDAR YEAR		(Must be an specific number	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter ☐ Agricultural	☐ Power Meter ☐ Domestic or Municipal		ered or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be reoperated in the contract of the contrac	l.)				
Transfer this file to:	(NEW OWNER'S FIRST NAME)		IAME)	(LAST NAME)	
Company Name:	() (M. .!		(LAST TAME)	
Address:	(MAILING ADDRESS			(CITY)	(STATE) ZP CODE)
Telephone; ()	(MAILING ABOVE SA		tive Date:		
5. SUPPLEMENTAL INFORMATION	ON. Please list any changes	s in your project since last year (r	new pump, new land ir	rigation, new method of irrigation, etc.) or any other comments.
6. CERTIFICATION AND SIGNAT Signature:	UR5: I certify under penalty		Today's	d correct, to the best of my knowledges Bate: $\omega/\lambda 5^{-1/2}$	
	F.RST NAME)	<u> </u>		(LAST NAME)	
Company Name: LA . Co	unty WATE	emers Id	ept as	Public Work	<u>. </u>
THIS SPACE FOR OFFICE LISE ()NI V				AMT

*** PLEASE COMPLE ..., SUBMIT THE ORIGINAL AND MAKE A CC, Y FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G192945

OWNER'S DESIGNATION OF WELL: WELL NO 25 STATE WELL NO: 7N/12W-21C S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

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. OWNERSHIP. Person listed by Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra Other: Please explain:	int of diversion is located oint of diversion is located cting/diverting water.				☐ acre-feet
2. Do you divert surface water	and also extract grou	ind water? ☐ yes	© no	154.35	cubic-feet
3. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DUR	RING CALENDAR YEAR		(Must be an specific numbe	er) 🔲 gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	☐ Power Meter ☐ Domestic or Municipa		red or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be reo Record my water use. (fee required Do not record my water use but ke Transfer this file to: Company Name:	d.) ep my name on mailing l	ist. (No fee required)	vame)	(LAST NAME)	
Address:					
//dd/030.	(MAILING ADDRES	•		(CITY)	(STATE) ZP COOE)
Telephone: ()		Effe	ctive Date:		
5. SUPPLEMENTAL INFORMATI	ON. Please list any change	es in your project since last year (new pump, new land in	igation, new method of imgation, etc	.) or any other comments.
6. CERTIFICATION AND SIGNAL	TUPE: I certify under penal		atements are true and		ge.
Signature:	Ne Cop			oues	
Printed Name:	FIRST NAME)		IME)	(LAST NAME)	
Company Name: L.A. Co.	wry Dep	T of Pusic	WORKS	WATERWOR	t<
THIS SPACE FOR OFFICE USE (ONLY			R	AMT:
L					

Wr Form 502 (4/96)

*** PLEASE COMPLE _. SUBMIT THE ORIGINAL AND MAKE A COPY FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193045

OWNER'S DESIGNATION OF WELL: NO 26 STATE WELL NO: 7N/12W-15R S

TELEPHONE NUMBER:

(818) 458-7156

1. OWNERSHIP. Person listed b Owner of land on which well or po Lessee of land on which well or p Owner of land, but lessee is extra Other: Please explain:	oint of diversion is located oint of diversion is located cting/diverting water.				
2. Do you divert surface water	and also extract grou	nd water? 🗇 yes	13 no	1103-13	acre-feet cubic-feet
3. AMOUNT OF WATER EXTRA	CTED/DIVERTED DUR	ING CALENDAR YEAR		(Must be an specific number	r) 🔲 gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	☐ Power Meter ☐ Domestic or Municipal		red or Estimated	
4. ACTION REQUESTED: ☐ Close this file. (Files may be red ☐ Record my water use. (fee require) ☐ Do not record my water use but ke	d.)				
Transfer this file to:	(NEW OWNER'S FIRST NAME			(LAST NAME)	
Company Name:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Address:	(MAILING ADDRES	<u> </u>		(CITY)	(STATE) (ZIP CODE)
Telephone: ()	(100,010,100,100,100	•	tive Date:		
5. SUPPLEMENTAL INFORMATI	ON. Please list any change	is in your project since last year (n	ew pump, new land in	igation, new method of irrigation, etc	.) or any other comments.
6. CERTIFICATION AND SIGNAT	CURE: I certify under penal	ty of perjury that the foregoing sta	Todav's	Date: 6/2 5/4	
Printed Name: FETE			FL	er = 5	
Company Name: LA C	FIRST NAME) OWNY DEPT	- F PUBLIC	Works	WATER WERE	
THIS SPACE FOR OFFICE USE (DNLY			R	AMT:

*** PLEASE COMPL = 3, SUBMIT THE ORIGINAL AND MAKE A COLY FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193046

OWNER'S DESIGNATION OF WELL: NO 27 STATE WELL NO: 7N/12W-24M S

Wr Form 502 (4/96)

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

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sion is located, and is extracting/diverting water. Sextract ground water?	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.
ERTED DURING CALENDAR YEAR Age Must be an specific number cubic-feet gallons	1. 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:
Agree Meter Power Meter Other: Nonmetered or Estimated Power Meter Other: Power Meter Power Meter Other: Power Meter Power Power Meter Power Meter Power Meter Power Meter Power	2. Do you divert surface water and also extract ground water?
Other:	3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR (Must be an specific number)
OWNER'S PIRST NAME) (MANUING ADDRESS) (COTY) (STATE) (DP COOE) Effective Date: [Ist any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. If under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. Today's Date: (COTY) (COTY) (STATE) (DP COOE) (COTY) (STATE) (COTY) (STATE) (COTY) (STATE) (COTY) (STATE) (COTY) (COTY) (STATE) (COTY)	
(CITY) (STATE) (SP COOE) Effective Date: List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. If under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. Today's Date: CAST NAME) (CITY) (STATE) (SP COOE) (DAY COOE) (STATE) (SP COOE) (SP COO	4. 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)
(CITY) (STATE) (SP COOE) Effective Date: [list any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. If y under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. Today's Date: [CITY] [STATE] [SP COOE) [Ap COOE] [Today's Date: [CITY] [STATE] [Ap COOE]	☐ Transfer this file to:
Effective Date: List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments.	(NEW OWNER'S FIRST NAME) (LAST NAME) Company Name:
Effective Date: List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. List any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments.	Address:
list any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments. ify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. Today's Date: 4/25/94 Free: 5	(2.1) (3.1)
Today's Date: 6/25/96 FLORES	5. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land imigation, new method of irrigation, etc.) or any other comments
R. AMT	Printed Name: Peres
<u> </u>	Printed Name: Pere FLORE Company Name: LA County DEST OF FLORE WINNER Company Name: LA County DEST OF FLORE WINNER

*** PLEASE COMPLE ... SUBMIT THE ORIGINAL AND MAKE A CU. / FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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

REQUIRED FEES: A filling fee of \$5.00 is required for each Annual Recordation Notice. 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 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193048

OWNER'S DESIGNATION OF WELL: NO 29 STATE WELL NO: 7N/12W-34N S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO: If the above information is inacquiate, please line it out in red and provide current information. Notify this office if ownership

il the above information is inaccurate, pleas	ie inie it out in reu and provid	e cure it information. Notify this t	alice ii ownersnip or	acciess changes occur curing the co	rining year.
1. OWNERSHIP. Person listed be Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extraction Other: Please explain:	int of diversion is located bint of diversion is located ting/diverting water.				2
2. Do you divert surface water	and also extract grou	nd water? yes	1 no	414.05	☐ cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUR	ING CALENDAR YEAR	-	(Must be an specific numbe	r) 🗍 gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter ☐ Agricultural	☐ Power Meter☐ Domestic or Municipal		ered or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be reoperated of the control of	l.) ep my name on mailing li	st. (No fee required)	AME)	(LAST NAME)	
Company Name:				<u> </u>	
Address:	(MAILING ADDRES	S)	 -	(CITY)	(STATE, ZP COOE)
Telephone: ()		Effec	ive Date:		
5. SUPPLEMENTAL INFORMATION	ON. Please list any change	s in your project since last year (n	ew pump, new land it	rigation, new method of irrigation, etc	.) or any other comments.
6. CERTIFICATION AND SIGNAT Signature:	URE: I certify under penal	ty of perjury that the foregoing sta	Today	s Date: 4/25/90	
Printed Name: FETE			<u> </u>	(AST NAME)	
Company Name: L. 4,	BUNTY DEV	T OF PUBLIC		LAST NAME)	<u> </u>
THIS SPACE FOR OFFICE USE C	NLY			R	AMT

*** PLEASE COMPLE ..., SUBMIT THE ORIGINAL AND MAKE A COLY FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193105

OWNER'S DESIGNATION OF WELL: NO 30 STATE WELL NO: 7N/12W-34NS

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

Other: Please explain:Do you divert surface water		d water? ☐ yes	STNO		06.43	acre-feet cubic-feet gallons	
3. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DURIN	NG CALENDAR YEAR		► (Mus	t be an specific number)		
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter ☐ Agricultural	Power Meter Domestic or Municipal		etered or Es			
4. ACTION REQUESTED: Close this file. (Files may be reo Record my water use. (fee require) Do not record my water use but ke	d.) eep my name on mailing list						
Transfer this file to: (NEW OWNER'S FIRST NAME) Company Name:		(M. N.	AME)		(LAST NAME)		
Company Name:	(
Company Name:	((CITY)	(STATE) ZP CODE)	
Address:	(MAILING ADORESS)	Effec	tive Date:				
Address:	(MAILING ADORESS)	Effec		d irrigation, ne			
Address: Telephone: () 5. SUPPLEMENTAL INFORMATI 6. CERTIFICATION AND SIGNAT	(MAILING ADDRESS) ON. Please list any changes	Effectin your project since last year (no	ew pump, new land	and correct, to	w method of imigation, etc.) o	or any other comment	
Address: Telephone: () 5. SUPPLEMENTAL INFORMATI 6. CERTIFICATION AND SIGNAT Signature:	(MAILING ADDRESS) ON. Please list any changes	Effectin your project since last year (no	ew pump, new land	and correct, to	w method of irrigation, etc.) of the best of my knowledge.	or any other comment	
Address: Telephone: () 5. SUPPLEMENTAL INFORMATI 6. CERTIFICATION AND SIGNAT Signature: Printed Name: PETE	(MAILING ADDRESS) ON. Please list any changes	Effectin your project since last year (not perjury that the foregoing state)	ew pump, new land	and correct, to	w method of irrigation, etc.) of the best of my knowledge.	or any other comment	

*** PLEASE COMPLE __, SUBMIT THE ORIGINAL AND MAKE A CC, / FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193106

OWNER'S DESIGNATION OF WELL: NO 31 STATE WELL NO: 7N/12W-26 S

TELEPHONE NUMBER:

(818) 458-7156

1. OWNERSHIP. Person listed by Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra Other: Please explain: 2. Do you divert surface water	oint of diversion is located oint of diversion is located cting/diverting water.	d, and is extracting/diverting			S acre-feet ☐ cubic-feet
3. AMOUNT OF WATER EXTRAG	CTED/DIVERTED DUR	RING CALENDAR YEAR		(Must be an specific number)	gailons
METHOD OF MEASUREMENT Type of water use	₩ater Meter Agricultural	☐ Power Meter ☐ Domestic or Municip		etered or Estimated	
4. ACTION REQUESTED: ☐ Close this file. (Files may be reo ☐ Hecord my water use. (fee requirer ☐ Do not record my water use but ke	i.)				
Transfer this file to:					
Company Name:	(NEW OWNER'S FIRST NAME	E) (I	M. NAME)	(LAST NAME)	
Address:			·····		
Telephone: ()	(MAILING ADDRES	•	ective Date:	(CITY)	(STATE) ZIP CODE)
5. SUPPLEMENTAL INFORMATI	ON. Please list any change	es in your project since last year	(new pump, new land	irrigation, new method of irrigation, etc.)	or any other comments.
6. CERTIFICATION AND SIGNAT Signature: Printed Name: PETE	UNE: I Pertify under penalth	ty of perjury that the foregoing	Today	nd correct, to the best of my knowledge is Date: 6/35/90	
Company Name: LA C	GRST NAME) ZUNTY DEF	1.7	NAME WOR	21s WATERWAY	
THIS SPACE FOR OFFICE USE O	ONLY			R	AMT [.]

*** PLEASE COMPL : SUBMIT THE ORIGINAL AND MAKE A C Y FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193107

OWNER'S DESIGNATION OF WELL: NO 32 STATE WELL NO: 7N/12W-27 S

TELEPHONE NUMBER:

(818) 458-7156

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated Other:	Other: Please explain: Do you divert surface water a	and also extract grou	-	3 1/10	968 · H (Must be an specific number)	acre-feet cubic-fee gallons
Close this file. (Files may be reopened at any time - fee required.) Precord 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:	ETHOD OF MEASUREMENT	Water Meter	☐ Power Meter		ed or Estimated	- gallons
Company Name: Address: (MANUNG ADDRESS) (CITY) (STATE) (ZI 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 consumption of the cons	Close this file. (Files may be reop Record my water use. (fee required	l.)	•			
Company Name: Address: (MANUNG ADDRESS) (CITY) (STATE) (ZI) Telephone: ()	Transfer this file to:					
Telephone: ()		INCM CHARGO'S CIGST MANG				
Telephone: ()	Company Name:	(E) (M. NA	(E)	(LAST NAME)	
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 concentration. CERTIFICATION AND SIGNATURE: Legertify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge. nature:		,	, , , , , , , , , , , , , , , , , , , ,	E)		(CTATE) (TRICONORIES
inature: //it / res Today's Date: 10/25/96	Address:	,	s)		(CITY)	(STATE) (ZIP COC
	Address: Telephone: ()	(MAILING ADDRESS	s) Effecti	re Date:	(CITY)	
mpany Name: L.A. County DERT. OF Phase Works Waterworks	Address: Telephone: () SUPPLEMENTAL INFORMATIO	(MAILING ADDRESS ON. Please list any changes URE: 1.9ertify under penalt	s in your project since last year (ne	re Date: v pump, new land important are true and Today's	gation, new method of irrigation, etc.) of correct, to the best of my knowledge. Date: 40/25-/9	or any other commer

*** PLEASE COMPLE ... SUBMIT THE ORIGINAL AND MAKE A CU. Y FOR YOUR RECORDS ***

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS. P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193108

OWNER'S DESIGNATION OF WELL: NO 33 STATE WELL NO: 7N/12W-27 S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO: If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or add

ii are above ir normatori is a rescarate, pred	bo and a contain too and provide	20 GETORE FILOTORISTIC TE	outy a no one in or	moral up or oc	and the good occasional and the	our mig you.	
1. OWNERSHIP. Person listed by Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra Other: Please explain:	oint of diversion is located oint of diversion is located cting/diverting water.			ſ		T	ácre-feet
2. Do you divert surface water	and also extract grou	ind water?	yes ⊡ ∕no		219		cubic-feet
3. AMOUNT OF WATER EXTRA	CTED/DIVERTED DUF	RING CALENDAR Y	EAR		(Must be an specific num	nber)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter ☐ Agricultural	☐ Power Meter ☐ Domestic or Me			ed or Estimated		
4. ACTION REQUESTED: Close this file. (Files may be red Record my water use. (fee require) Do not record my water use but ke	d.) eep my na me on ma iling l	ist. (No fee required)		· 	AATIME		
Company Name:	(NEW OWNER'S FIRST NAM	•	(M. NAME)		(LAST NAME)		<u>·</u>
Address:	(MAILING ADDRE	55)			(CITY)	(STATE)	ZIP CODE)
Telephone: ()	(11111111111111111111111111111111111111		Effective Date):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5. SUPPLEMENTAL INFORMATI	ON. Please list any change	es in your project since las	st year (new pump	o, new land irriq	gation, new method of irrigation,	etc.) or any othe	er comments.
6. CERTIFICATION AND SIGNAT	FURE: I certify under pena	ity of perjury that the fore	going statements	_ Today's	Date: <u>6/25/</u>		
Printed Name: 1616	/ 		- 	_ <i>_E</i>	LORES		
Company Name: L.A. Co.	inty Der	T OF F	M NAME)	Woo	CKS WATER	euoset	<i>C</i>
THIS SPACE FOR OFFICE USE O	ONLY				R.	AMT	

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193109

OWNER'S DESIGNATION OF WELL: NO 34 STATE WELL NO: 7N/12W-27 S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

1. OWNERSHIP. Person listed be Owner of land on which well or pool Lessee of land on which well or pool Owner of land, but lessee is extract Other: Please explain:	int of diversion is located pint of diversion is located sting/diverting water.					
2. Do you divert surface water a	and also extract grou	ı nd water? ☐ ye	s 197ho	9	71.72	☐ cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUR	RING CALENDAR YEA	AR		be an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter	Power Meter Domestic or Muni	☐ cipal ☐	Nonmetered or Esti		
4. ACTION REQUESTED: Close this file. (Files may be reop Record my water use. (fee required Do not record my water use but kee	.) ep my name on mailing li	. ,				
Company Name:	(NEW OWNER'S FIRST NAME	E)	(M. NAME)		(LAST NAME)	
Address:						
Telephone: ()	(MAILING ADDRES	35)	Effective Date:		(CITY)	ISTATE, BP CODE)
5. SUPPLEMENTAL INFORMATIO	DN. Please list any change	s in your project since last y	ear (new pump,	new land irrigation, new	method of irrigation, etc.)	or any other comments.
6. CERTIFICATION AND SIGNAT Signature: Frinted Name: Pete	URB: I certify under penalt	ty of perjury that the forego		Today's Date:	6/25/94	
Company Name: L.A. Ca	irst name) Det	or or f	NA JAME) LIBLIC	Works	WATERLY	
THIS SPACE FOR OFFICE USE O	NLY				R	_ AM*

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193160

OWNER'S DESIGNATION OF WELL: NO 36 STATE WELL NO: 7N/12W-9M S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

1. OWNERSHIP. Person listed be Owner of land on which well or pool Lessee of land on which well or pool Owner of land, but lessee is extract Other: Please explain:	int of diversion is located pint of diversion is located ting/diverting water.					SVacre-feet
2. Do you divert surface water a	ınd also extract grou	ınd water? □ y	es 😉 no	11	4-41	cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUR	RING CALENDAR YE	EAR	(Mus	st be an specific numbe	or) 🔲 gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter □ Agricultural	Power Meter Domestic or Mu		Nonmetered or Es Other:		
4. ACTION REQUESTED: ☐ Close this file. (Files may be reogogy Record my water use. (fee required ☐ Do not record my water use but keed ☐ Transfer this file to:	i.) ep my name on mailing li	ist. (No fee required)	(M. NAME)		(LAST NAME)	
Address:	(MAILING ADDRES	SS)			(CITY)	(STATE) ZP COOE)
Telephone: ()	· · · · · · · · · · · · · · · · · · ·	·	Effective Date	·	·	
5. SUPPLEMENTAL INFORMATIO	ON. Please list any change	es in your project since last	year (new pump	, new land imgation, ner	w method of imigation, etc	c.) or any other comments,
6. CERTIFICATION AND SIGNAT	URE: I certify under penal	Ity of perjury that the forec	joing statements	are true and correct, to	the best of my knowledge	ge.
Signature:	I low	,	-	_ Today's Date: _		90
Printed Name: Para				FLERES	<i>j</i> - <i>i</i>	
	irst name) wath De	m OF f	HALIC.	Wooks	(LAST NAME) WATER	AMT

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193161

OWNER'S DESIGNATION OF WELL: NO 37 STATE WELL NO: 7N/12W-30B S

TELEPHONE NUMBER:

R.

AMT

(818) 458-7156

PARCEL NO:
ation. Notify this office if ownership or address changes occur during the coming year.

If the above information is inaccurate, plea-	se line it out in red and provide	e current information. Notify this offi	ce if ownership or a	iddress changes occur during the con	ning year.
1. OWNERSHIP. Person listed by Owner of land on which well or positive dependence of land on which well or positive dependence of land, but lessee is extraction of land, but le	oint of diversion is located, oint of diversion is located acting/diverting water.			<u> </u>	acre-feet
2. Do you divert surface water	and also extract grour	nd water? 🗆 yes 🗅	J no	374.01	Cubic-feet
3. AMOUNT OF WATER EXTRA	CTED/DIVERTED DURI	NG CALENDAR YEAR -		(Must be an specific number)	gallons
METHOD OF MEASUREMENT Type of water use	Water Meter Agricultural	☐ Power Meter ☐ Domestic or Municipal		ered or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be red Record my water use. (fee required Do not record my water use but ke	d .)				
☐ Transfer this file to:	(NEW OWNER'S FIRST NAME			(LAST NAME)	
Company Name:		· · · · · · · · · · · · · · · · · · ·			
Address:	(MAILING ADDRESS			(CITY)	(STATE) (ZIP CODE)
Telephone: ()		Effectiv	e Date:	· · · · · · · · · · · · · · · · · · ·	
5. SUPPLEMENTAL INFORMATI	ON. Please list any changes	s in your project since last year (new	pump, new land in	rigation, new method of irrigation, etc.)	or any other comments.
6. CERTIFICATION AND SIGNAT	CHREAL certify under penalth	y of perjury that the foregoing state	Today's	Date: <u>6/25/9</u>	
	(FIRST NAME)	(N NAME)		LES / (LAST NAME)	
Company Name.	unty DEPT	of fugue	woes	IS WATERWOOD	2K-c3

THIS SPACE FOR OFFICE USE ONLY

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193162

OWNER'S DESIGNATION OF WELL: NO 38 STATE WELL NO: 7N/12W-21F S

TELEPHONE NUMBER:

(818) 458-7156

O Other: Please explain: Do you divert surface water		ind water?	Jyes ⊐uno	3	56.22	acre-feet cubic-feet
. AMOUNT OF WATER EXTRA	CTED/DIVERTED DUF	RING CALENDAR	YEAR	(Mu	st be an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter☑ Agricultural	Domestic or		Nonmetered or Es		
J. ACTION REQUESTED: D. Cløse this file. (Files may be red Record my water use. (fee require D. Do not record my water use but ki	d.) eep my name on mailing l))			
Transfer this file to:	(NEW OWNER'S FIRST NAM	E)	(M. NAME)		(LAST NAME)	
Company Name:						
Address:	(MAILING ADDRE	SS)			(CITY)	(STATE) {ZIP CODE}
Address:	(MAILING ADDRE	SS)	Effective Date:		(CITY)	(STATE) (ZP CODE)
Telephone: ()		·		new land irrigation, ne		
Telephone: () 5. SUPPLEMENTAL INFORMAT 6. CERTIFICATION AND SIGNA Signature:	ION. Please list any change	es in your project since	last year (new pump,	re true and correct, to	w method of irrigation, etc.) on the best of my knowledge. $G/25-\sqrt{9}$	
	ION. Please list any change	es in your project since	last year (new pump,	are true and correct, to	w method of irrigation, etc.) on the best of my knowledge. $G/25-\sqrt{9}$	

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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 Recordation Notice. 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 29, 1996, in order to be recorded.

OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS

LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 RECORDATION NO: G193279

OWNER'S DESIGNATION OF WELL: 4-39 STATE WELL NO: 8N/11W-30K S

TELEPHONE NUMBER:

(818) 458-7198

rine above information is inaccurate, pleas	se ime il out in red and providi	e current information. Notify if	is office if owniers in	or address driatiges down during the do	ятыну усав.
1. OWNERSHIP. Person listed by Owner of land on which well or po Owner of land on which well or po Owner of land, but lessee is extra Other: Please explain:	int of diversion is located, oint of diversion is located cting/diverting water.				3 acre-feet
2. Do you divert surface water	and also extract grou	nd water? 🗇 yes	es no	0.76	cubic-feet
3. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DUR	ING CALENDAR YEAF	·	(Must be an specific numbe	ir) 🗍 gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	Power Meter Domestic or Municipal	☐ Non	metered or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be reo Accord my water use. (fee required Do not record my water use but ke	d.)				
Transfer this file to:					
Company Name:	(NEW OWNER'S FIRST NAME	i) 	(M. NAME)	(LAST NAME)	
Address:	(MAILING ADDRESS			(CITY)	(STATE) ZP CODE)
Telephone: ()	(MAILING AUUNES)	•	ffective Date:	(GIT)	(3.7.6)
5. SUPPLEMENTAL INFORMATI	ON. Please list any change:	s in your project since last yea	r (new pump. new la	and irrigation, new method of irrigation, etc	a) or any other comments.
S. CERTIFICATION AND SIGNAT	COLS		Too	lay's Date: 4/25/9	lo
Printed Name: PETE				FLOCES	
Company Name: LA. Can	FIRST NAME) TY DEAT O	F Public	WORK	FLOCES (AST NAME) S WATERWOOD	- k 5
THIS SPACE FOR OFFICE USE O	ONLY			R.	AMT

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193201

OWNER'S DESIGNATION OF WELL: WELL NO 41 STATE WELL NO: 7N/10W-19E01 S

TELEPHONE NUMBER:

(818) 458-7156

1. OWNERSHIP. Person listed by Owner of land on which well or portage of land on which well or portage of land, but lessee is extraged of land, but lessee is extraged of land. Dither: Please explain: 2. Do you divert surface water 3. AMOUNT OF WATER EXTRAGEMETHOD OF MEASUREMENT TYPE OF WATER USE	oint of diversion is located, and is extoint of diversion is located, and is extoint of diversion is located, and is extoing/diverting water. and also extract ground water CTED/DIVERTED DURING CAL	er Meter	(Must be an specific numbered or Estimated	acre-feet cubic-feet gallons
4. ACTION REQUESTED: Close this file. (Files may be red Hecord my water use. (fee required Do not record my water use but ke	d.) ep my name on mailing list. (No fee	required)	(LAST NAME)	
Address:				
Telephone: ()	(MAILING ADDRESS)	Effective Date:	(CITY)	ISTATE: 3P CODE)
5. SUPPLEMENTAL INFORMATI	ON. Please list any changes in your pro	ject since last year (new pump, new land im	gation, new method of imigation, et	c.) or any other comments.
S. CERTIFICATION AND SIGNAT	TURE: I certify under penalty of perjury	that the foregoing statements are true and	correct, to the best of my knowled	ge.
Signature: // 10	ory	Today's	Date: 6/25/	74
Printed Name: FETE		FL	ur is	
•	FIRST NAME) V FY DEAT OF	Today's Fr FUBLIC WORKS	WATERWER	¥5
THIS SPACE FOR OFFICE USE C	DNLY		R	AMT

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193243

OWNER'S DESIGNATION OF WELL: 42 STATE WELL NO: 7N/12W-27H01 S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

Owner of land, but lessee is extra Other: Please explain:		ting/diverting water.		acre-feet
2. Do you divert surface water	and also extract ground water?	☐ yes ☑no	174.25	Cubic-feet
3. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DURING CALEN	DAR YEAR	(Must be an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	■ Water Meter □ Power N □ Agricultural □ Domest	· ·	red or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be reo Record my water use. (fee required Do not record my water use but ke	d.) ep my name on mailing list. (No fee req	uired)		
	(NEW OWNER'S FIRST NAME)	(M. NAME)	(LAST NAME)	
Company Name:				
Address:	(MAILING ADDRESS)		(CITY)	STATE) ZP CODE)
Telephone: ()		Effective Date:		
	ON. Please list any changes in your project.	since last year (new pump, new land im	gation, new method of irrigation, etc.) o	any other comments.
5. SUPPLEMENTAL INFORMATI				
6. CERTIFICATION AND SIGNAT	URE: I certify under penalty of perjury that	the foregoing statements are true and		
S. CERTIFICATION AND SIGNAT		Today's	Date: 10125190	,
6. CERTIFICATION AND SIGNAT Signature: fite file Printed Name: FETE	URE: I certify under penalty of perjury that	Today's	Date: 10/25/90	,
Signature: Lt. L	URE: I certify under penalty of perjury that	Today's	Date: 10125190	

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 **RECORDATION NO: G193249**

OWNER'S DESIGNATION OF WELL: 43 STATE WELL NO: 7N/12W-27F01 S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

1. OWNERSHIP. Person listed b Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra Other: Please explain:	oint of diversion is located oint of diversion is located cting/diverting water.				ਂ	acre-feet
2. Do you divert surface water	and also extract grou	nd water? 🗆 yes	₪no	1055.	55 D	cubic-feet
3. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DUR	ING CALENDAR YEAR		(Must be an specific	number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☐ Water Meter ☐ Agricultural	☐ Power Meter ☐ Domestic or Municipal		etered or Estimated		
4. ACTION REQUESTED: ☐ Close this file. (Files may be reo ☐ Record my water use. (fee required ☐ Do not record my water use but ke ☐ Transfer this file to:	d.) ep my name on mailing li	st. (No fee required)	IAME)	(LAST NA	ME)	
Company Name:						
Address:	(MAILING ADDRES	S)		(GTY)	(STATE)	ZIP CODE)
Telephone: ()		Effect	tive Date:			
5. SUPPLEMENTAL INFORMATI	ON. Please list any change	s in your project since last year (n	ew pump, new land	irrigation, new method of irrig	ation, etc.) or any oth	er comments.
6. CERTIFICATION AND SIGNAT	UDE: I certify under penal	ty of perjury that the foregoing sta	atements are true a	nd correct, to the best of my	knowledge.	
Signature: Hit T	lores		Today	r's Date:	5/96	
Printed Name:				Loles		
Company Name: L-A - C	FIRST NAME) LUNTY L	tert of h	BLIZ V	Vorks LAST NAI	ME) ATTALLIS	2KS
THIS SPACE FOR OFFICE USE O	ONLY			R.	AMT	

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193250

OWNER'S DESIGNATION OF WELL: 44 STATE WELL NO: 7N/12W-27F02 S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO: If the above information is inaccurate, please fine it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year. 1. OWNERSHIP. Person listed below is: **Y** 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 <u>lessee</u> is extracting/diverting water. Other: Please explain: 2 acre-feet 2. Do you divert surface water and also extract ground water? □ no yes 317.9 Cubic-feet gallons (Must be an specific number) 3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR Water Meter METHOD OF MEASUREMENT Power Meter Nonmetered or Estimated VOE OF WATER HEE

THE OF WATER USE	D Agricultural SP Dome	estic of Municipal Differ		_	
. ACTION REQUESTED:					
Close this file. (Files may be	reopened at any time - fee required.)				
Record my water use. (fee requ	uired.)				
Do not record my water use bu	t keep my name on mailing list. (No fee r	equired)			
☐ Transfer this file to:					
	(NEW OWNER'S FIRST NAME)	(M. NAME)	(LAST NAME	.)	
Company Name:		<u> </u>			
Address:	(MAILING ADDRESS)				
	(MAILING ADDRESS)		(CITY)	(STATE)	(ZIP CODE)
Telephone: ()_		Effective Date:			
CURRIEMENTAL INCORNA	ATION OF THE PARTY		to a standard and the same		
. SUPPLEINIEN IAL INFURIM	ATION. Please list any changes in your proje	ect since last year (new pump, new land in	igation, new method of lingati	on, etc.) or any other	a comment
· · · · · · · · · · · · · · · · · · ·					
					
CERTIFICATION AND SIGN	ATURE: I certify under penalty of perjury the	hat the foregoing statements are true and	correct to the best of my kn	enhelwor	
/ / / /		· -			
Signature: With I	Low	Today's	Date:	196	

M NAME)

OF

THIS SPACE FOR OFFICE USE ONLY

FIRST NAME

R. AMT:

LAST NAME

PATEILLIANX-5

roces

LOPICE

Company Name:

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

OWNER'S DESIGNATION OF WELL: 48 STATE WELL NO: 7N/12W-17F01 S

TELEPHONE NUMBER:

RECORDATION NO: G193244

(818) 458-7156

DAPCET, MO.

If the above information is inaccurate, pleas	se line it out in red and provid	e current information. Notify this o	ffice if ownership	PARCEL NO: or address changes occur during the o	coming year.
1. OWNERSHIP. Person listed b OV Owner of land on which well or po Lessee of land on which well or p Owner of land, but lessee is extra Other: Please explain:	oint of diversion is located oint of diversion is located cting/diverting water.				(3) acre-feet
2. Do you divert surface water	and also extract grou	nd water? yes	™ no	581.61	Cubic-feet
3. AMOUNT OF WATER EXTRAG	CTED/DIVERTED DUR	ING CALENDAR YEAR		(Must be an specific numb	per)
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter ☐ Agricultural	Domestic or Municipal		etered or Estimated	
4. ACTION REQUESTED: Close this file. (Files may be reo Record my water use. (fee required Do not record my water use but ke	d.)	•			
Transfer this file to:	(NEW OWNER'S FIRST NAME			(LAST NAME)	
Company Name:	HEN OWNER OF HOLE	-/	-	(coor round)	
Address:	(MAILING ADDRES	e1		(CITY)	(STATE) (ZIP CODE)
Telephone: ()	(Marghiet Application		ive Date:	(5)	,5
5. SUPPLEMENTAL INFORMATI	ON. Please list any change	s in your project since last year (no	ew pump, new lan	d imigation, new method of irrigation, e	tc.) or any other comments.
	FIRST NAME)	/) u vau	Toda	ly's Date: 6/35/9	. 6
Company Name: L.A. Ca	unty LEF	T of fligh	16 Wo	exs Waterne	XX-K-5
THIS SPACE FOR OFFICE LISE (NAME OF THE OWNER O	·····		R	AMT

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193245

OWNER'S DESIGNATION OF WELL: 49 STATE WELL NO: 7N/12W-17C01 S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

•	•		•		J	37	
1. OWNERSHIP. Person listed be Owner of land on which well or po Owner of land on which well or po Owner of land, but lessee is extraction Other: Please explain:	int of diversion is located bint of diversion is located cting/diverting water.					M acre-fe	
2. Do you divert surface water	and also extract grou	nd water?	□ yes 🗷 no		1508.96	Cubic-fe	~`
3. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DUR	ING CALENDAR	RYEAR		Must be an specific number)	gallons	· _]
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	Power Mete		Nonmetered or Other:	Estimated		
☐ Close this file. (Files may be reoported by Record my water use. (fee required ☐ Do not record my water use but ke ☐ Transfer this file to:	d.) ep my name on mailing li	ist. (No fee require	(M. NAME)		(LAST NAME)		<u> </u>
Address:	(MAILING ADDRES	(S)			(CITY)	STATE, ZPO	:00E)
Telephone: ()			Effective Date	:			
5. SUPPLEMENTAL INFORMATION	ON. Please list any change	is in your project since	e last year (new pump	, new land imigation,	, new method of imigation, etc.)	or any other comm	nents.
6. CERTIFICATION AND SIGNAT Signature:	WRE: I certify under penal	ty of perjury that the	foregoing statements	are true and correc	a = a	, ,	
Printed Name:				Fre	RES		
Company Name: LA - Cou.		r of	MANE	Works.	WATERIX		
THIS SPACE FOR OFFICE USE C	NLY				R	AMT	

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS

LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803

RECORDATION NO: G193280

OWNER'S DESIGNATION OF WELL: 50 STATE WELL NO: 7N/12W-9A S

TELEPHONE NUMBER:

(818) 458-7198

ii are above information of incoodings, proces	c in c it oct in red and provide c	catera anomation. Notify this office if owner	ising or address chang	ges occur during the com	ng year.
1. OWNERSHIP. Person listed be Owner of land on which well or point Lessee of land on which well or point Owner of land, but lessee is extract Other: Please explain:	nt of diversion is located, a int of diversion is located, a ting/diverting water.	nd is extracting/diverting water. und is extracting/diverting water.			
2. Do you divert surface water a	nd also extract ground	water? 🗆 yes 😾 no	65	1.34	acre-feet cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DURIN	G CALENDAR YEAR	(Must b	pe an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE			onmetered or Estimather:		
4. ACTION REQUESTED: ☐ Clese this file. (Files may be reop ☐ Record my water use. (fee required. ☐ Do not record my water use but kee)	•			
☐ Transfer this file to:					
Company Name:	(NEW OWNER'S FIRST NAME)	(M. NAME)		(LAST NAME)	
Address:			··· •		
Telephone: () 5. SUPPLEMENTAL INFORMATIO	(MAILING ADDRESS)	Effective Date: your project since last year (new pump, new			(STATE) ZP COOE) r any other comments.
6. CERTIFICATION AND SIGNATI	DE: Pertify under penalty of	perjury that the foregoing statements are t	rue and correct, to the	. (
Signature:	Love		oday's Date:	6/25/96	,
Printed Name:			Frozes		
	STNAME) 1 2000TY DEST	OF FUBLIC L	Frozes Voeks	WATER W	JOCK C.
THIS SPACE FOR OFFICE USE ON	ILY			R.	AMI
Wr Form 502 (4/96)					

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS

LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 RECORDATION NO: G193281

OWNER'S DESIGNATION OF WELL: 4-51 STATE WELL NO: 7N/12W-9C S

TELEPHONE NUMBER:

(818) 458-7198

1. OWNERSHIP. Person listed by Owner of land on which well or portage of land on which well or portage of land, but lessee is extracted of land, but lessee is extra	oint of diversion is located, oint of diversion is located cting/diverting water. and also extract groun	, and is extracting/ and water?	diverting water.		1086 - 17 (Must be an specific number	☐ acre- ☐ cubic	c-feet
METHOD OF MEASUREMENT TYPE OF WATER USE	✓ Water Meter ☐ Agricultural	Domestic or			red or Estimated		
4. ACTION REQUESTED: Close this file. (Files may be record my water use. (fee require) Do not record my water use but keeping	d.) pep my name on mailing lis		d)				
Company Name:	(NEW OWNER'S FIRST NAME)	(M. NAME)		(LAST NAME)		
Address:	(MAILING ADDRESS	<u>. </u>	· · · · · · · · · · · · · · · · · · ·		(CITY)	(STATE) :Z	P CODE)
Telephone: ()			Effective Date):			
5. SUPPLEMENTAL INFORMATI	ON. Please list any changes	s in your project since	last year (new pump	o, new land itt	igation, new method of irrigation, etc.) or any other con	nments.
6. CERTIFICATION AND SIGNA	FURE certify under penalt	y of perjury that the f	oregoing statements				
Signature:	Louis			_ Today's	· · · · · · · · · · · · · · · · · · ·	16	
Printed Name: 1 ETE				- Fle	LAST NAME)		
Company Name: LA C	FIRST NAME) CHINTY DE	T OF	PUBLIC WD	aks	WATERWOR	k (.	
THIS SPACE FOR OFFICE LISE	ONLY				R.	AMT	

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 4

LA CO WATERWORKS DIST NO 4 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193248

OWNER'S DESIGNATION OF WELL: 52 STATE WELL NO: 7N/12W-10H01 S

TELEPHONE NUMBER:

(818) 458-7156

PARCEL NO:

If the above information is inaccurate, please	e lime it out in red and provide	e current information. Notify this offi	ice if ownership or a	address changes occur during the con	ning year.
1. OWNERSHIP. Person listed be Owner of land on which well or point Lessee of land on which well or point Owner of land, but lessee is extract Other: Please explain:	int of diversion is located, pint of diversion is located sting/diverting water.				2 acre-feet
2. Do you divert surface water a	ınd also extract grou	nd water? ☐ yes @	⊡ no	318 .08	Cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUR	ING CALENDAR YEAR		(Must be an specific number	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter ☐ Agricultural	Domestic or Municipal		ered or Estimated	
4. ACTION REQUESTED: ☐ Close this file. (Files may be reop ☐ Record my water use. (fee required ☐ Do not record my water use but kee	l.)	•			
☐ Transfer this file to:					
Company Name:	(NEW OWNER'S FIRST NAME	E) (M. NAM	Æ) 	(LAST NAME)	
Address:	(MAILING ADDRES		-	(CITY)	(STATE) (ZIP CODE)
Telephone: ()	(MAILING ALUNES		ve Date:	(ciri)	(STRIE) (DF 0002)
5. SUPPLEMENTAL INFORMATION	N. Please list any change	s in your project since last year (new	v pump, new land in	rigation, new method of irrigation, etc.) or any other comments.
					
6. CERTIFICATION AND SIGNAT	UPE: I certify under penalt	ty of perjury that the foregoing state	ements are true and	, ,	
Signature: / fit f	Louis		Today's	s Date: 6/25/9	6
Printed Name: PETE				DRES	
	POLLATY DE	of or the	suc a	DOLS WATER	WORKS
THIS SPACE FOR OFFICE USE O	NLY			R	AMT:

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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 Recordation Notice. 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 29, 1996, in order to be recorded.

OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS

LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803

RECORDATION NO: G193282

OWNER'S DESIGNATION OF WELL: 4-54 STATE WELL NO: 7N/11W-20K S

TELEPHONE NUMBER:

(818) 458-7198

f the above information is inaccurate, pleas	se line it out in red and provide	e current information. Notify	this office if ownersh	ip or address changes	occur during the comin	ıg year.
1. OWNERSHIP. Person listed by Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra Other: Please explain:	oint of diversion is located, oint of diversion is located, cting/diverting water.				· .	
2. Do you divert surface water	and also extract grour	nd water? 🗆 yes	3 -no	1710	7.44	acre-feet cubic-feet
3. AMOUNT OF WATER EXTRAG	CTED/DIVERTED DURI	NG CALENDAR YEA	R ——	(Must be	an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	✓ Water Meter☐ Agricultural	☐ Power Meter ☐ Domestic or Munic		nmetered or Estimat		
4. ACTION REQUESTED: Close this file. (Files may be red Record my water use. (fee required Do not record my water use but ke	d.)					
☐ Transfer this file to:						
Company Name:	(NEW OWNER'S FIRST NAME)		(M. NAME)		(LAST NAME)	4
Address:	(MAILING ADDRESS			101	TY)	(STATE) :ZP CODE)
Telephone: ()	(MAILLIAE ESTUDIOS)		Effective Date:		•	
5. SUPPLEMENTAL INFORMATI	ON. Please list any changes	s in your project since last ye	ar (new pump, new l	and irrigation, new met	hod of irrigation, etc.) or	r any other comments.
6. CERTIFICATION AND SIGNAT	URE: I certify under penalty		ng statements are tr		pest of my knowledge.	,
Printed Name: 1 ere	· -, - · · · · · · · · · · · · · · · · ·			Livets		
Company Name: L-A.	Courry De	EPT JE	M NAME YUBLIC	WORKS	WATERLE	Mers
THIS SPACE FOR OFFICE USE (ONLY				R	AMT

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS

LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 RECORDATION NO: G193283

OWNER'S DESIGNATION OF WELL: 4-55 STATE WELL NO: 7N/11W-20K S

TELEPHONE NUMBER:

(818) 458-7198

PARCEL NO:

1. OWNERSHIP. Person listed b Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra Other: Please explain:	oint of diversion is located oint of diversion is located cting/diverting water.				S acre-feet
2. Do you divert surface water	and also extract grou	nd water? ☐ yes	OY no	1046,98	Cubic-feet
3. AMOUNT OF WATER EXTRAG	CTED/DIVERTED DUR	ING CALENDAR YEAR		(Must be an specific nu	ımber) 🔲 gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	Domestic or Municipa		etered or Estimated	-
4. ACTION REQUESTED: Close this file. (Files may be reo Record my water use. (fee required Do not record my water use but ke	d.) ep my name on mailing li	ist. (No fee required)	NAME)	(LAST NAME)	
Address:					
Audiess	(MAILING ADDRES	35)		(CITY)	(STATE) DP CODE)
5. SUPPLEMENTAL INFORMATI	ON. Please list any change		ctive Date:	irrigation, new method of irrigatio	n, etc.) or any other comments.
6. CERTIFICATION AND SIGNAT Signature: Frinted Name: Company Name: C	FIRST NAME)		Today	r's Date:	196

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS

LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 RECORDATION NO: G193284

OWNER'S DESIGNATION OF WELL: 4-58 STATE WELL NO: 7N/11W-18R S

TELEPHONE NUMBER:

(818) 458-7198

ir the above information is inaccurate, pleas	e line it out in red and provid	ie current intormation.	Notify this office if o	whership or address	changes occur outling the c	orning year.	
1. OWNERSHIP. Person listed be Owner of land on which well or pool Lessee of land on which well or pool Owner of land, but lessee is extract Other: Please explain:	int of diversion is located pint of diversion is located ating/diverting water.					(acre	o foot
2. Do you divert surface water a	and also extract grou	nd water?	Jyes ⊡•110		1815-87	=	ic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUR	ING CALENDAR	YEAR		(Must be an specific numb	er) 🔲 gall	ons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	Domestic or		Nonmetered o	r Estimated		
4. ACTION REQUESTED: ☐ Close this file. (Files may be reoperated my water use. (fee required ☐ Do not record my water use but ket	.))				
Transfer this file to:							
Company Name:	(NEW OWNER'S FIRST NAM	E)	(M. NAME)	_	(LAST NAME)		
Address:	(MAILING ADDRES	es.			(CITY)	(STATE)	ZP CODE)
Telephone: ()	(MAILING ADDINES	50)	Effective Date	۵۰	(0111)	(31412)	Er cope,
5. SUPPLEMENTAL INFORMATION	ON. Please list any change	s in your project since	last year (new pum	p, new land irrigation	, new method of imgation, et	c.) or any other ac	omments.
	URE: I certify under penal		oregoing statements (M NAME) FUBLIC	s are true and correction Today's Date	: 6/25/9	ige.	
Company Name:	in jevi	OT.	TUSHL	CO P	- WATER		
THIS SPACE FOR OFFICE USE O	NLY				R	AMT	

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE. Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS

LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803 RECORDATION NO: G193285

OWNER'S DESIGNATION OF WELL: 4-59 STATE WELL NO: 7N/11W-18R S

TELEPHONE NUMBER:

R.

AMT

(818) 458-7198

PARCEL NO:

If the above information is inaccurate, plea	se line it out in red and provide o	current informati	ion. Notify this offi	ce if own	nership or ado	dress changes occur during the oc	ming year.	
1. OWNERSHIP. Person listed by Owner of land on which well or pure the Lessee of land on which well or pure of land, but lessee is extra other: Please explain:	pint of diversion is located, a point of diversion is located, a acting/diverting water.		-		. [<u>चि</u>	acre-feet
2. Do you divert surface water	and also extract ground	water?	□ yes ®	9110		1310-15	_	cubic-feet
3. AMOUNT OF WATER EXTRA	CTED/DIVERTED DURIN	G CALEND	AR YEAR -	<u> </u>	> [(Must be an specific number	r) 🗆	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE		☐ Power M ☐ Domestic	eter or Municipal	0		ed or Estimated		
4. ACTION REQUESTED: ☐ Close this file. (Files may be rec ☐ Record my water use. (fee require ☐ Do not record my water use but ke	d.) eep my name on mailing list.		ired)					
☐ Transfer this file to:	(NEW OWNER'S FIRST NAME)	·	(M. NAM	E)		(LAST NAME)		
Company Name:						-		
Address:	(MAILING ADDRESS)	<u></u>				(CITY)	(STATE)	(ZIP CODE)
Telephone: ()	·		Effectiv	e Date:				
5. SUPPLEMENTAL INFORMAT	ION. Please list any changes in	n your project si	nce last year (new	pump,	new land img	ation, new method of irrigation, etc	.) or any oth	er comments.
6. CERTIFICATION AND SIGNA	TURE: I certify under penalty of	of perjury that the	he foregoing state	ments a	re true and c	orrect, to the best of my knowledg	je .	
Signature: / fit /	Low				Today's [Date: 6/25/9	6	
Printed Name:					Free	205		
Company Name: L.A. C	FIRST NAME)	OF.	PUBLIC	C	Fier	WATERL)CTP_ K.	.5

THIS SPACE FOR OFFICE USE ONLY

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 24

LA CO WATERWORKS DIST NO 24 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G192727

OWNER'S DESIGNATION OF WELL: NO 4 STATE WELL NO: 5N/10W-10E S

TELEPHONE NUMBER: (818) 458-7156

PARCEL NO:

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.

Owner of land, but lessee is extra Other: Please explain: Do you divert surface water AMOUNT OF WATER EXTRAGO	and also extract ground water	r? □ yes ⊅π6	42.79 (Must be an specific number)	acre-feet cubic-feet gallons
METHOD OF MEASUREMENT IYPE OF WATER USE A. ACTION REQUESTED: Close this file. (Files may be red Accord my water use. (fee require) Do not record my water use but ke	Water Meter Pow Agricultural Dor pened at any time - fee required.)	wer Meter	ered or Estimated	
Transfer this file to:	(NEW OWNER'S FIRST NAME)	(M. NAME)	(LAST NAME)	
Address:	(MAILING ADDRESS)	Effective Date:	(CITY)	SYATE ZP CODE)
Telephone: () 5. SUPPLEMENTAL INFORMATI 6. CERTIFICATION AND SIGNATION	(MAILING ADDRESS) ON. Please list any changes in your pro	oject since last year (new pump, new land in	rigation, new method of irrigation. etc.) of deciring the deciring at the deci	or any other comment
Telephone: () 5. SUPPLEMENTAL INFORMATI 6. CERTIFICATION AND SIGNAT Signature:	(MAILING ADDRESS) ON. Please list any changes in your pro	oject since last year (new pump, new land in your land in	rigation, new method of irrigation. etc.) of	or any other comment

Wr Form 502 (4/96)

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 27

LA CO WATERWORKS DIST NO 27 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G192549

OWNER'S DESIGNATION OF WELL: NO 2 STATE WELL NO: 5N/10W-7P S

TELEPHONE NUMBER: (818) 458-7156

PARCEL NO:

1. OWNERSHIP. Person listed by Owner of land on which well or portage of land on which well or portage of land, but lessee is extraged of land. Other: Please explain:	oint of diversion is located, point of diversion is located cting/diverting water.					(9) acre-feet
2. Do you divert surface water	and also extract grour	nd water? 🗇 y	/es ⊈no	36	3.35	Cubic-feet
3. AMOUNT OF WATER EXTRAC	CTED/DIVERTED DURI	ING CALENDAR Y	EAR	(Must	be an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	Domestic or Mu	□ unicipal □	Nonmetered or Esti		
4. ACTION REQUESTED: ☐ Close this file. (Files may be reo ☐ Record my water use. (fee required ☐ Do not record my water use but ke	d.)					
Transfer this file to:	(NEW OWNER'S FIRST NAME		(M. NAME)		(LAST NAME)	
Company Name:	(NEW OWNERS FIRST NAME)	· — · · · · · · · · · · · · · · · · · ·	(m. 190mL)		(DIOT TOURE)	
Address:	(MAILING ADDRESS					(STATE) ZP CODE)
Telephone: ()	(MAILING AUDHESS	5)	Effective Date:		(CITY)	(STATE) BP CODE)
5. SUPPLEMENTAL INFORMATI	ON. Please list any changes	s in your project since las	t year (new pump,	new land irrigation, new	method of irrigation. etc.) or	r any other comments.
6. CERTIFICATION AND SIGNA	URE: I certify under penalty	y of perjury that the fore	going statements a	are true and correct, to t	he best of my knowledge.	
Signature: / fut f	lou			Today's Date: _	6/25/91	
Printed Name: VETE				FreES		
Company Name:	our of De	PT OF	EUGLIC	Frees. Wases	(LAST NAME) WETE72 (L.P.V.
THIS SPACE FOR OFFICE USE O	ONLY	 			R	AMT

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 27

LA CO WATERWORKS DIST NO 27 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G192550

OWNER'S DESIGNATION OF WELL: NO 3 STATE WELL NO: 5N/10W-7R S

TELEPHONE NUMBER: (818) 458-7156

PARCEL NO:

 Owner of land, but lessee is extra Other: Please explain: Do you divert surface water 		nd water?	Jyes € n	0	525 - 92	acre-feet
3. AMOUNT OF WATER EXTRA	CTED/DIVERTED DUR	ING CALENDAR	YEAR -	→ [(Must be an specific number)	☐ gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	☑ Water Meter ☐ Agricultural	☐ Power Meter ☐ Domestic or			d or Estimated	
4. ACTION REQUESTED: ☐ Close this file. (Files may be reo ☐ Record my water use. (fee require) ☐ Do not record my water use but ke ☐ Transfer this file to:	d.) eep my name on mailing li))			
Company Name:	(NEW OWNER'S FIRST NAME	:)	(M. NAME)		(LAST NAME)	
Address:	(MAILING ADDRES	s)	· · · · · · · · · · · · · · · · · · ·		(CITY)	(STATE) (ZIP CODE)
Telephone: ()			Effective Da	ate:		
5. SUPPLEMENTAL INFORMATI	ON. Please list any change:	s in your project since	last year (new pur	np, new land irrig	ation, new method of imigation, etc.) o	or any other comments.
6. CERTIFICATION AND SIGNAT	TURE: I certify under penalt	ty of perjury that the f	oregoing statemer	nts are true and c	prrect, to the best of my knowledge.	
Cimpatura ///t. LV	ou			Today's [Date: 6/25/9	6
Signature:						
Printed Name: PETE				From		
Printed Name: 75.75	FIRST NAME) DEST	of fi) (M. NAME)	Works	LES (LAST NAME) WATERWOOD	2.5

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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Wr Form 502 (4/96)

OWNER OF RECORD: LA CO WATERWORKS DIST NO 27

LA CO WATERWORKS DIST NO 27 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G192551

OWNER'S DESIGNATION OF WELL: NO 4 STATE WELL NO: 5N/10W-5R S

TELEPHONE NUMBER:

(818) 458-7156 PARCEL NO:

	oint of diversion is located, and is extra oint of diversion is located, and is extr			
D <u>Other:</u> Please explain:	•			
2. Do you divert surface water	and also extract ground water?	□ yes = no	271.28	☐ acre-feet ☐ cubic-feet
3. AMOUNT OF WATER EXTRA	CTED/DIVERTED DURING CALE	NDAR YEAR	(Must be an specific number)	gallons
METHOD OF MEASUREMENT Type of water use	☑ Water Meter ☐ Powe ☐ Agricultural ☑ Dome		tered or Estimated	
1. ACTION REQUESTED: Close this file. (Files may be red Fecord my water use. (fee require) Do not record my water use but ke		equired)		
☐ Transfer this file to:	·		·	
Company Name:	(NEW OWNER'S FIRST NAME)	(M. NAME)	(LAST NAME)	
Address:				· ·
Telephone: ()	(MAILING ADDRESS)	Effective Date:	(CITY)	(STATE) (ZIP CODE)
, , ,	ON. Please list any changes in your proje		irrigation, new method of irrigation, etc.)	or any other comments.
	· · · · · · · · · · · · · · · · · · ·			
S. CERTIFICATION AND SIGNAT	TUPE: I certify under penalty of perjury the	nat the foregoing statements are true ar	nd correct, to the best of my knowledge	! .
Signature: Lt. L	loru		's Date: <u>6/35/9</u>	
Printed Name: PETE			TERES	
	FIRST NAME! DETT, OF	PUBLIK W	LAST NAME) LAST NAME LAST NAME	WORK-S
HIS SPACE FOR OFFICE USE (ONLY			AMT [.]

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LOS ANGELES COUNTY WATERWORKS

LOS ANGELES COUNTY WATERWORKS 900 S FREMONT AVE, 9TH FLOOR ALHAMBRA, CA 91803

RECORDATION NO: G193286

OWNER'S DESIGNATION OF WELL: 34-6 STATE WELL NO: 6N/12W-15H S

TELEPHONE NUMBER:

(818) 458-7198

PARCEL NO: If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or ac

il alle above il ioni i about to il accountate, proce	o and a coat at road and provide	o datori il ilom cason. Trodiy il ilo o		-	and a real speciation of the con-	- ·9 /···	
1. OWNERSHIP. Person listed be Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extract Other: Please explain:	int of diversion is located bint of diversion is located cting/diverting water.			·		- TeV	acre-feet
2. Do you divert surface water	and also extract grou	nd water? yes	19 no		438.27	_	cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUR	NNG CALENDAR YEAR			(Must be an specific number)		gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	Domestic or Municipal			red or Estimated		
4. ACTION REQUESTED: Close this file. (Files may be reo Record my water use. (fee required Do not record my water use but ke Transfer this file to: Company Name:	f.) ep my name on mailing li	ist. (No fee required)	AME)	- 	(LAST NAME)		
Address:							
	(MAILING ADDRES				(CITY)	(STATE)	ZIP CODE)
Telephone: ()			ive Date:				
5. SUPPLEMENTAL INFORMATION	UN. Please list any change	is in your project since last year (ne	ew pump, r	new land im	gation, new method of imgation, etc.)	or any othe	er comments.
6. CERTIFICATION AND SIGNAT	Certify under penal				1. 1.1.		
Signature:	7 Kory			•	. — — — — — — — — — — — — — — — — — — —		
Printed Name: LETE				P	ORES		
Company Name: LA . C	FIRST NAME)	of fusion		mes	WATERWOOK		
THIS SPACE FOR OFFICE USE O	NLY				R	AMT	

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 35

LA CO WATERWORKS DIST NO 35 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331 RECORDATION NO: G193049

OWNER'S DESIGNATION OF WELL: WELL 1 STATE WELL NO: 7N/10W-3A S

Wr Form 502 (4/96)

TELEPHONE NUMBER: (818) 458-7156
PARCEL NO:

1. OWNERSHIP. Person listed be Owner of land on which well or poing Lessee of land on which well or poing Owner of land, but lessee is extracted Other: Please explain:	nt of diversion is located int of diversion is located ting/diverting water.				
2. Do you divert surface water a	nd also extract grou	ınd water? ☐ yes	1 no	8.32	acre-feet Cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUF	RING CALENDAR YEAR		(Must be an specific number)	
METHOD OF MEASUREMENT TYPE OF WATER USE	✓ Water Meter☐ Agricultural	☐ Power Meter ☐ Domestic or Municipal		ered or Estimated	
4. ACTION REQUESTED: ☐ Close this file. (Files may be reop ☐ Record my water use. (fee required. ☐ Do not record my water use but kee)	• ,			
☐ Transfer this file to:	(NEW OWNER'S FIRST NAM	E) (M. N.		(LAST NAME)	
Company Name:				(LAST NAME)	
Address:	(MAILING ADDRES				STATE 2P CODE
Telephone: ()	(MAIGING ADDITIES	,	ive Date:	(CITY)	istate: ⊅P code
5. SUPPLEMENTAL INFORMATIO	N. Please list any change	es in your project since last year (ne	ew pump, new land in	rigation, new method of irrigation, etc.) of	er anvilother commen
6. CERTIFICATION AND SIGNATURES	JRE: certify under penal	ity of perjury that the foregoing sta		1 / - 1	
	, a cu		Today's	Teres	·
	RST NAME)			Lede 5	
Company Name: 4 Com	TY EPT	OF Pugu	e Win	KS WATER W.	21
THIS SPACE FOR OFFICE USE OF	NLÝ			R.	AMT

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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

REQUIRED FEES: A filling fee of \$5.00 is required for each Annual Recordation Notice. 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 29, 1996, in order to be recorded.

Wr Form 502 (4/96)

OWNER OF RECORD: LA CO WATERWORKS DIST NO 38

LA CO WATERWORKS DIST NO 38 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G192865

OWNER'S DESIGNATION OF WELL: WELL NO 1 STATE WELL NO: 6N/9W-10 S

TELEPHONE NUMBER: (818) 458-7156

PARCEL NO:

1. OWNERSHIP. Person listed be Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extraction Other: Please explain:	int of diversion is located, an pint of diversion is located, ar cting/diverting water.				
2. Do you divert surface water	and also extract ground	water? ☐ yes ⊖rî	no .	385.87	acre-feet cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DURING	CALENDAR YEAR	 -	(Must be an specific number)	☐ gallons
METHOD OF MEASUREMENT TYPE OF WATER USE		Power Meter Domestic or Municipal	☐ Nonmetered of		
4. ACTION REQUESTED: Close this file. (Files may be reo) Record my water use. (fee required Do not record my water use but ke	s.) ep my name on mailing list. (•			
	Transfer this file to:			(LAST NAME)	
, ,					
Address:	(MAILING ADDRESS)			(CITY)	STATE: OP CODE)
Telephone: ()		.			
5. SUPPLEMENTAL INFORMATIO	ON. Please list any changes in y	your project since last year (new pu	mp, new land irrigation	n, new method of irrigation, etc.) o	or any other comments.
6. CERTIFICATION AND SIGNAT	URE: Pcertify under penalty of	perjury that the foregoing staterne	nts are true and corre	ct, to the best of my knowledge	
Signature: 4tt 7	Lore		Today's Date	6/25/9	(a)
Printed Name: FETE			Fac	res '	
1 1 1	DUNTY DOT	OF PUBLIC	Waxes	WATER WERD	- K. '
THIS SPACE FOR OFFICE USE C	NLY			R	AMT

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS
P.O. BOX 2000 SACRAMENTO, CA 95812-2000

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OWNER OF RECORD: LA CO WATERWORKS DIST NO 38

LA CO WATERWORKS DIST NO 38 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193247

OWNER'S DESIGNATION OF WELL: 3 STATE WELL NO: 6N/9W-10Q01 S

TELEPHONE NUMBER: (818) 458-7156

PARCEL NO:

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. OWNERSHIP. Person listed be Owner of land on which well or point Lessee of land on which well or point Owner of land, but lessee is extract Other: Please explain:	int of diversion is located bint of diversion is located ting/diverting water.				· · · · · · · · · · · · · · · · · · ·
2. Do you divert surface water a	and also extract grou	ınd water? ☐ yes	210	92.94	acre-feet cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUR	RING CALENDAR YEAR		(Must be an specific number)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	✓ Water Meter☐ Agricultural	☐ Power Meter ☐ Domestic or Municipal		tered or Estimated	
4. ACTION REQUESTED: ☐ Close this file. (Files may be reop ☐ Record my water use. (fee required ☐ Do not record my water use but kee	.)	•			
Transfer this file to:	(NEW OWNER'S FIRST NAME	E) (M.N	AME)	(LAST NAME)	
Company Name:			· ,	(3.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
Address:	(MAILING ADORES	Ser.		(CITY)	(STATE) ZP CODE)
Telephone: ()	(MATERIAL POOR REC	•	tive Date:	(Offi)	(STATE)
5. SUPPLEMENTAL INFORMATIO	ON. Please list any change	es in your project since last year (n	ew pump, new land	irrigation, new method of irrigation, etc.)	cr any other comments.
6. CERTIFICATION AND SIGNAT	URE: I certify under penalt	Ity of periury that the foregoing sta	itements are true ar	nd correct, to the best of my knowledge	
Signature:	lous	, , , , ,		's Date: 6/25/9	16
Printed Name: PETE				TERES	
	IRST NAME!	- of Public	(E)	LAST NAME)	D165

Wr Form 502 (4/96)

STATE WATER RESOURCES CONTROL BOARD, DIVISION OF WATER RIGHTS P.O. BOX 2000 SACRAMENTO, CA 95812-2000

☐ GROUNDWATER EXTRACTION OR ☐ SURFACE DIVERSION

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DEADLINE: Notices must be postmarked no later than June 29, 1996, in order to be recorded.

OWNER OF RECORD: LA CO WATERWORKS DIST NO 39

LA CO WATERWORKS DIST NO 39 900 SOUTH FREMONT AVENUE, 9TH FLOOR ALHAMBRA, CA 91803-1331

RECORDATION NO: G193159

AMT

R.

OWNER'S DESIGNAT STATE WELL NO: 9		_			TELEPHONE NUMBE (818) 458-7156 PARCEL NO:	iR:	
If the above information is inaccurate, pleas	se line it out in red and provi	de current information.	Notify this office	if ownership or a		coming year.	
1. OWNERSHIP. Person listed by Owner of land on which well or po Lessee of land on which well or po Owner of land, but lessee is extra Other: Please explain:	int of diversion is located bint of diversion is located cting/diverting water.						acre-feet
2. Do you divert surface water	and also extract grou	und water?	ogyes og≁	no	208.37	` _	cubic-feet
3. AMOUNT OF WATER EXTRAC	TED/DIVERTED DUI	RING CALENDAR	YEAR		(Must be an specific num	nber)	gallons
METHOD OF MEASUREMENT TYPE OF WATER USE	Water Meter Agricultural	☐ Power Meter ☐ Domestic or			red or Estimated		
4. ACTION REQUESTED: Close this file. (Files may be reoled Record my water use.) (fee required Do not record my water use but ke	l.) ep my name on mailing	•)				
	☐ Transfer this file to:		(M. NAME)		(LAST NAME)		
Company Name:							
Address:	(MAJLING ADDRE	SS)			(CITY)	(STATE)	(ZP CODE)
Telephone: ()			Effective l	Date:			
5. SUPPLEMENTAL INFORMATION	ON. Please list any chang	es in your project since	last year (new p	ump, new land irri	igation, new method of irrigation,	etc.) or any othe	er comments.
6. CERTIFICATION AND SIGNAT	TRE I certify under pena	Ity of perjury that the fo	oregoing stateme	ents are true and	correct, to the best of my knowle	edge.	
Signature:	' <i> </i>					196	
Printed Name: PETE	······································		 	<u> </u>	an t S		
•	inst NAME)	t of F	M NAME)	Work	S WATERS	works	

THIS SPACE FOR OFFICE USE ONLY