

STATE WATER RESOURCES CONTROL BOARD
DIVISION OF WATER RIGHTS

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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192722
OWNER OF RECORD: COUNTY OF LOS ANGELES

COUNTY OF LOS ANGELES
900 SOUTH FREMONT AVENUE - 9TH FLOOR
ALHAMBRA, CA 91803-1331

OWNER'S DESIGNATION OF WELL: WM J FOX AIRFIELD WELL NO 1
STATE WELL NO: 8N/13W-36N 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

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

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6192722
WELL SITE: TOWNSHIP 8N RANGE 13W SECTION 36 2 S
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 FLEMONT AVENUE - 9TH FLOOR

ALHAMBRA, CA 91803-1331

(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458-7153 - _____

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192543

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 5 INSTALLED 1947

STATE WELL NO: 7N/12W-22B 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.)

[X] 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 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 lessee is extracting/diverting water.
[] Other: Please explain:

2. Do you divert surface water and also extract ground water? yes [] no [X]

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

28.30 [X] acre-feet
[] cubic-feet
[] gallons
(Must be a specific number)

METHOD OF MEASUREMENT

- [X] Water Meter
[] Power Meter
[] Nonmetered or Estimated

TYPE OF WATER USE

- [] Agricultural
[X] Domestic or Municipal
[] 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)
[X] Record my water use. (fee required.)
[] Transfer this file to:

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

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

Telephone: Effective Date:

THIS SPACE FOR OFFICE USE ONLY R. AMT:

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6192543
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 22S4
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458-7153

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

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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: 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 INSTALLED AUG 1953

STATE WELL NO: 7N/12W-15R 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.)

[X] 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 30, 1995, in order to be recorded.

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[] 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? yes [] no [X]

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- [X] Water Meter
[] Power Meter
[] Nonmetered or Estimated

TYPE OF WATER USE

- [] Agricultural
[X] Domestic or Municipal
[] Other:

520.19
(Must be a specific number)
[X] acre-feet
[] 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)
[X] Record my water use. (fee required.)
[] Transfer this file to:

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

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

Telephone: Effective Date:

THIS SPACE FOR OFFICE USE ONLY R. AMT:

*** CONTINUE ON BACK PAGE ***

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

GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET

1. RECORDATION NO. 6192546
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 15R5
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458 - 7153

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. (_____) _____ - _____

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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: 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 SURFACE DIVERSION

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

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

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

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6192554
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 21E5
PARCEL NO. _____

2. PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE
AND NOTICES:

OWNER/LESSEE/AGENT/OTHER OWNER

NAME COURTY OC LOS ANGELES
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS 900 SOUTH FLEMONT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 466 - 7153

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. (_____) _____ - _____

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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: 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.)

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

150.14 acre-feet
 (Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6192729
WELL SITE: TOWNSHIP 74 RANGE 12W SECTION 11M5
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 FLEMING AVENUE, 9TH FLOOR

ALHAMBRA CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 450-7153

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. (_____) _____ - _____

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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: 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

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

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DEADLINE: Notices must be postmarked no later than June 30, 1995, in order to be recorded.

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

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

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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 R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6192557
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 15 25
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 120 SOUTH FREMONT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 468 - 7153

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. (_____) _____ - _____

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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: G192558

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 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 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

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

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

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY	R. _____ AMT: _____
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*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 5192568
WELL SITE: TOWNSHIP 7N RANGE 12 W SECTION 9MS
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458 - 7153

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

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)

*** 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

1994 ANNUAL RECORDATION NOTICE

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 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

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

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6192730
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 27 145
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 FLEMONT AVENUE, 9TH FLOOR

ALHAMBRA, CA 91803-1331

(CITY) (STATE) (ZIP)

TELEPHONE NO. (018) 458-7153

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G192731
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 20
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 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

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

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 R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6192731
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 9M5
PARCEL NO. _____

2. PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE
AND NOTICES:

OWNER/LESSEE/AGENT/OTHER OWNER
NAME COURTY OF LOS ANGELES
(FIRST) (MIDDLE) (LAST)
MAILING ADDRESS 900 SOUTH FLEMONT AVENUE
ALHAMBRA, CA 91803-1731
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458-7153

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

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

*** 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

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.)

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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

-47
(Must be a specific number)

acre-feet
 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G192942
WELL SITE: TOWNSHIP 7N RANGE 13W SECTION 24 N 5
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 AVENUE, 9TH FLOOR
ATLANTA, CA 91203-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458 - 2153

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

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

*** 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

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.)

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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

293.33
(Must be a specific number)

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

- acre-feet
- 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6192945
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 21E3
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 980 SOUTH FRONT AVENUE, 9TH FLOOR

ALHAMBRA, CA 91803-1331

(CITY) (STATE) (ZIP)

TELEPHONE NO. (318) 498-7153

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193045

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 26
STATE WELL NO: 7N/12W-15R 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.)

[X] 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:

- [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 lessee is extracting/diverting water.
[] Other: Please explain:

2. Do you divert surface water and also extract ground water? yes [] no [X]

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- [X] Water Meter
[] Power Meter
[] Nonmetered or Estimated

TYPE OF WATER USE

- [] Agricultural
[X] Domestic or Municipal
[] Other:

685.30 [X] acre-feet
[] cubic-feet
[] gallons
(Must be a specific number)

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)
[X] Record my water use. (fee required.)
[] Transfer this file to:

Company Name: (NEW OWNERS FIRST NAME) (M. NAME) (LAST NAME)

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

Telephone: Effective Date:

THIS SPACE FOR OFFICE USE ONLY

R. AMT:

*** CONTINUE ON BACK PAGE ***

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

GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET

1. RECORDATION NO. 6193045
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 15 2S
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458 - 7153

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

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)

*** 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

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.)

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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

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

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** 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. 6193046
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 24MS
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 FLORENT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1371
(CITY) (STATE) (ZIP)
TELEPHONE NO. (018) 458 - 7K3

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193048
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 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 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

82.54 acre-feet
 (Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 619304B
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 34N9
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 FLEMONT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458-7153

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

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)

*** 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

1994 ANNUAL RECORDATION NOTICE

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 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

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

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

*** 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

1994 ANNUAL RECORDATION NOTICE

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

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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

<p>4</p> <p>(Must be a specific number)</p>	<input type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** 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. 6197104
WELL SITE: TOWNSHIP 1N RANGE 12W SECTION 26 S
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 AVENUE, 11TH FLOOR
AWHAMBRA CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 466 - 7153

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

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G 193105
WELL SITE: TOWNSHIP 7N RANGE 12 W SECTION 34 S
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 950 SOUTH FREMONT AVENUE 9TH FLOOR
ALHAMBRA CA 91803-1531
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458-7153

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

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

*** 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

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 \$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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

<p>194.00</p> <p>(Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** 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. 6193107
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 275
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 AVENUE, 9TH FLOOR

ALHAMBRA, CA 91803-1331

(CITY) (STATE) (ZIP)

TELEPHONE NO. (810) 458 - 7153

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

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)

*** 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

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.)

[X] 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:

- [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 lessee is extracting/diverting water.
[] Other: Please explain:

2. Do you divert surface water and also extract ground water? yes [] no [X]

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

287.45 [X] acre-feet
[] cubic-feet
[] gallons
(Must be a specific number)

METHOD OF MEASUREMENT

- [X] Water Meter
[] Power Meter
[] Nonmetered or Estimated

TYPE OF WATER USE

- [] Agricultural
[X] Domestic or Municipal
[] 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)
[X] 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:

THIS SPACE FOR OFFICE USE ONLY R. AMT:

*** CONTINUE ON BACK PAGE ***

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G193108
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 27S
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 FRONT AVENUE, 9TH FLOOR
ALHAMBRA CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458 - 7153

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

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

*** 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

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 \$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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

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

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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G193109
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 27S
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 460-7153

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

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

*** 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

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

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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

<p>263.65 (Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6193160
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 9MS
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 220 SOUTH FLEMONT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 488-7153

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

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

*** 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

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 \$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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

<p>318.33 (Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
---	--

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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 R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET

1. RECORDATION NO. 6193161
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 30E5
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458 - 7153

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

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: 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 \$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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

<p>424.71 (Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> 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: _____

Company Name: _____ (NEW OWNERS FIRST NAME) _____ (M. NAME) _____ (LAST NAME)

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G 193162
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 21 FS
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 481-7153

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193279
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: 4-39
STATE WELL NO: 8N/11W-30K S

TELEPHONE NUMBER:
(818) 458-7198
PARCEL NO:

(If any of the above information is inaccurate or missing, 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

-81 (Must be a specific number)	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET

1. RECORDATION NO. G193279
WELL SITE: TOWNSHIP SN RANGE 11 W SECTION 30 KS
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (210) 458 - 7153

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

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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: 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 correct. Notify this office if ownership or address changes occur during the coming year.)

[X] 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:

- [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 lessee is extracting/diverting water.
[] Other: Please explain:

2. Do you divert surface water and also extract ground water? yes [] no [X]

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

15.58
(Must be a specific number)
[X] acre-feet
[] cubic-feet
[] gallons

METHOD OF MEASUREMENT

- [X] Water Meter
[] Power Meter
[] Nonmetered or Estimated

TYPE OF WATER USE

- [] Agricultural
[X] Domestic or Municipal
[] 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)
[X] Record my water use. (fee required.)
[] Transfer this file to:

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

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

Telephone: Effective Date:

THIS SPACE FOR OFFICE USE ONLY R. AMT:

*** 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 193201
WELL SITE: TOWNSHIP 7N RANGE 10W SECTION 19 E01 S
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 920 SOUTH FRENCH AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458 - 7153

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

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

*** 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

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 \$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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

404.61 acre-feet
(Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

STATE 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 7N RANGE 12 W SECTION 27 401 S
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 700 SOUTH FREMONT AVENUE, 9TH FLOOR
ALHAMBRA CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458 - 7153

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

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

*** 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

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.)

[X] 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:

- [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 lessee is extracting/diverting water.
[] Other: Please explain:

2. Do you divert surface water and also extract ground water? yes [] no [X]

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- [X] Water Meter
[] Power Meter
[] Nonmetered or Estimated

TYPE OF WATER USE

- [] Agricultural
[X] Domestic or Municipal
[] Other:

483.99 [X] acre-feet
[] cubic-feet
[] gallons
(Must be a specific number)

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)
[X] Record my water use. (fee required.)
[] Transfer this file to:

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

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

Telephone: Effective Date:

THIS SPACE FOR OFFICE USE ONLY R. AMT:

*** CONTINUE ON BACK PAGE ***

STATE 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 193249
WELL SITE: TOWNSHIP N RANGE 12W SECTION 27F01 S
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (626) 458-7533

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

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

*** 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

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 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

844.56 acre-feet
(Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET

1. RECORDATION NO. C193250
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 27 F025
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 AVENUE, 9TH FLOOR

ALHAMBRA, CA 91803-1331

(CITY)

(STATE)

(ZIP)

TELEPHONE NO. (918) 458 - 7153

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193244
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:
(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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

1028.03	<input checked="" type="checkbox"/> acre-feet
<small>(Must be a specific number)</small>	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

STATE WATER RESOURCES CONTROL 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: TOWNSHIP 7N RANGE 12W SECTION 17F01S
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 920 SOUTH FREMONT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458 - 7153

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193245
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: 49
STATE WELL NO: 7N/12W-17C01 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

683.48 acre-feet
(Must be a specific number) 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) (LAST NAME)

Company Name: _____

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6193245
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 17 CO 15
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (218) 458-7153

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

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)

*** 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

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

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.

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

1305.63 acre-feet
(Must be a specific number) cubic-feet
 gallons

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6193280
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 9A5
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458-7153

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193281
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: 4-51
STATE WELL NO: 7N/12W-9C 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 lessee is extracting/diverting water.
- Other: Please explain: _____

2. Do you divert surface water and also extract ground water? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

807.40 acre-feet
 (Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6193281
WELL SITE: TOWNSHIP 1N RANGE 12W SECTION 9CS
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1231
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458 - 7153

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

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

*** 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

1994 ANNUAL RECORDATION NOTICE

RECORDATION NO: G193248

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: 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 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

/	<input type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G 193248
WELL SITE: TOWNSHIP 7N RANGE 12W SECTION 10401S
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (018) 458 - 7153

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

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

*** 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

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 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

768.68 acre-feet
(Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

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 RECORDATION
INFORMATION SHEET

1. RECORDATION NO. G193282
WELL SITE: TOWNSHIP 7N RANGE 11W SECTION 20 KS
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 942 SOUTH FLEMONT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458-7153

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

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

*** 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

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 \$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.

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

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

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G193283
WELL SITE: TOWNSHIP 7 N RANGE 11 W SECTION 20 145
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (212) 458-7153

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

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

*** 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

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.

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

1050 acre-feet
 (Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

STATE 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 193284
WELL SITE: TOWNSHIP 7N RANGE 11 W SECTION 18 2S
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458 - 7153

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

PLEASE USE THE OTHER SIDE TO PROVIDE THE ABOVE INFORMATION FOR
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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: G193285
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: 4-59
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 lessee is extracting/diverting water.
- Other: Please explain: _____

2. Do you divert surface water and also extract ground water? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

1072.52
(Must be a specific number) acre-feet
 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G 193285
WELL SITE: TOWNSHIP 7N RANGE 11 W SECTION 18 RS
PARCEL NO. _____

2. PLEASE DESIGNATE PERSON OR FIRM TO RECEIVE ALL CORRESPONDENCE
AND NOTICES:

OWNER/LESSEE/AGENT/OTHER OWNER
NAME COUNTY OF LOS AN GELES
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS 900 SOUTH FREMONT AVENUE, 9TH FLOOR
ALHAMBRA CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 450 - 7153

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

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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: 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

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.

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

4.54 acre-feet
(Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. G 192727
WELL SITE: TOWNSHIP 5N RANGE 10W SECTION 10ES
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458-7153

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

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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: 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
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

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

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

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET

1. RECORDATION NO. G 192549
WELL SITE: TOWNSHIP 5N RANGE 10W SECTION 7PS
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 100 SOUTH FREMONT AVENUE, 9TH FLOOR
ALHAMBRA, CA 91802-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (626) 468 - 7152

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. (_____) _____ - _____

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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: 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
STATE WELL NO: 5N/10W-7R 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

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- 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

<p>200.41</p> <p>(Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> 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) _____ (LAST NAME)

Company Name: _____

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. E 19 2550
WELL SITE: TOWNSHIP 5N RANGE 10W SECTION 7RS
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 450-7153

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

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

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

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 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

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

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

STATE 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 192551
WELL SITE: TOWNSHIP SN RANGE 10W SECTION 5RS
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (518) 458 - 7153

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

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

*** 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

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 lessee is extracting/diverting water.
- Other: Please explain: _____

2. Do you divert surface water and also extract ground water? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

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

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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: _____

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

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

Telephone: _____ Effective Date: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

*** CONTINUE ON BACK PAGE ***

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

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. 6193286
WELL SITE: TOWNSHIP 6N RANGE 12W SECTION 15 4S
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 AVENUE, 7TH FLOOR
ALHAMBRA CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458 - 7153

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

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

*** 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

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

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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

74.37 acre-feet
 (Must be a specific number) 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** 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. 6193049
WELL SITE: TOWNSHIP 7N RANGE 10W SECTION 3&5
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (810) 458 - 7157

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

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

*** 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

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

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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

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

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

STATE 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 192605
WELL SITE: TOWNSHIP 6N RANGE 9W SECTION 10 S
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1331
(CITY) (STATE) (ZIP)
TELEPHONE NO. (818) 458-7153

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

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)

*** 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

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. 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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

<p>150.37 (Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> 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: _____

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

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

Telephone: _____ Effective Date: _____

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

*** CONTINUE ON BACK PAGE ***

**GROUNDWATER EXTRACTION RECORDATION
INFORMATION SHEET**

1. RECORDATION NO. E 193247
WELL SITE: TOWNSHIP 6N RANGE 9W SECTION 10Q015
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 AVENUE, 9TH FLOOR
ALHAMBRA, CA 91803-1753
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 458-7153

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

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

*** 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

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? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

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

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

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

Telephone: _____ Effective Date: _____

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

*** 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. G193159
WELL SITE: TOWNSHIP 9N RANGE 1W SECTION 31RS
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 AVENUE, 4TH FLOOR
ALHAMBRA CA 91803-1331
(CITY) (STATE) (ZIP)

TELEPHONE NO. (818) 452-7153

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

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

*** PLEASE COMPLETE AND 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: COUNTY OF LOS ANGELES

COUNTY OF LOS ANGELES
 900 SOUTH FREMONT AVENUE - 9TH FLOOR
 ALHAMBRA, CA 91803-1331

RECORDATION NO: G192722

OWNER'S DESIGNATION OF WELL: WM J FOX AIRFIELD WELL NO 1
STATE WELL NO: 8N/13W-36N 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 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: _____

2. Do you divert surface water and also extract ground water? yes no

<p>131.20 (Must be an specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
---	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FIRST NAME FLORES (M. NAME) (LAST NAME)
 Company Name: LA County Dept of Public Works WATERWORKS

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

*** PLEASE COMPLETE AND 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: 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, 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 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:

2. Do you divert surface water and also extract ground water? yes no

Box for recording unit: 229.01, (Must be a specific number), options: acre-feet, cubic-feet, gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT: Water Meter, Power Meter, Nonmetered or Estimated
TYPE OF WATER USE: Agricultural, Domestic or Municipal, Other:

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)

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

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: Pete Flores, Today's Date: 6/25/96
Printed Name: PETE, FLORES
Company Name: L.A.

THIS SPACE FOR OFFICE USE ONLY R. AMT:

*** PLEASE COMPLETE AND 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: 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, 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 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: _____

2. Do you divert surface water and also extract ground water? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

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

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

Company Name: LA County Dept of Public Works WATERWORKS

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

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: G192554

OWNER'S DESIGNATION OF WELL: NO 12
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 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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES
(FIRST NAME) (LAST NAME)

Company Name: L.A. County Dept of Public Works Waterworks
(FIRST NAME) (M. NAME) (LAST NAME)

THIS SPACE FOR OFFICE USE ONLY R. _____ A.A.T. _____

*** 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: 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:

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

13-06	<input checked="" type="checkbox"/> acre-feet
(Must be an specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT
 Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE
 Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: *Pete Flores* Today's Date: 6/25/96

Printed Name: PETE FLORES

Company Name: LA. COUNTY DEPT OF PUBLIC WORKS WATERWORKS
FIRST NAME) (LAST NAME)

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

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 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: _____

729.69 Acre-feet
F.B.

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE (FIRST NAME) FLORES (LAST NAME)

Company Name: LA COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

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: G192558

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

2. Do you divert surface water and also extract ground water? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

<u>0</u> (Must be a specific number)	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
---	--

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
Printed Name: PETE (FIRST NAME) FLORES (LAST NAME)
Company Name: LA COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

***** PLEASE COMPLETELY, 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: 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:

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 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: _____

2. Do you divert surface water and also extract ground water?

yes no

<i>φ</i>	<input type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
(Must be an specific number)	

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT
TYPE OF WATER USE

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

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

FIRST NAME M. NAME LAST NAME

Company Name: L.A. County Dept of Public Works Waterworks

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

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: 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, 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 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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LA. County Waterworks Dept of Public Works

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

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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: 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 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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
Printed Name: PETE FLORES
FIRST NAME) (M. NAME) (LAST NAME)
Company Name: L.A. County DEPT OF PUBLIC WORKS WATERWORKS

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

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: G193045

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

2. Do you divert surface water and also extract ground water? yes no

1103-13 (Must be an specific number)	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
---	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FLORES
FIRST NAME) (M. NAME) (LAST NAME)
 Company Name: L.A. County DEPT OF PUBLIC WORKS WATERWORKS

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

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: G193046

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

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

- METHOD OF MEASUREMENT** Water Meter Power Meter Nonmetered or Estimated
- TYPE OF WATER USE** Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

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: 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 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 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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR —————→

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FLORES
FIRST NAME) (M. NAME) (LAST NAME)
 Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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


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 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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FLORES
(FIRST NAME) (LAST NAME)
 Company Name: LA County Dept of Public Works Waterworks

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

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: G193107

OWNER'S DESIGNATION OF WELL: NO 32
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 address changes occur during the coming year.

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: _____

2. Do you divert surface water and also extract ground water?

yes no

<p>908.14</p> <p>(Must be an specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
---	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT

- Water Meter
- Power Meter
- Nonmetered or Estimated

TYPE OF WATER USE

- Agricultural
- Domestic or Municipal
- Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 10/25/96

Printed Name: PETE FLORES

Company Name: L.A. COUNTY DEPT. OF PUBLIC WORKS WATERWORKS

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

*** PLEASE COMPLY, 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: 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 address changes occur during the coming year.

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: _____

2. Do you divert surface water and also extract ground water? yes no

219 acre-feet

(Must be a specific number) cubic-feet
 gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/94

Printed Name: PETE FLORES

Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS
FIRST NAME M. NAME LAST NAME

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

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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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: G193109

OWNER'S DESIGNATION OF WELL: NO 34
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 address changes occur during the coming year.

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: _____

2. Do you divert surface water and also extract ground water? yes no

<p>991.72</p> <p>(Must be an specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
---	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FLORES
 Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATER DIVISION
FIRST NAME) (M NAME) (LAST NAME)

THIS SPACE FOR OFFICE USE ONLY R. _____ AM

*** 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

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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: G193160

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

2. Do you divert surface water and also extract ground water? yes no

114-41	<input checked="" type="checkbox"/> acre-feet
	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

(Must be a specific number)

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 4/25/94
 Printed Name: PETE FLORES
FIRST NAME) (M. NAME) (LAST NAME)
 Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

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: G193161

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

2. Do you divert surface water and also extract ground water? yes no

<p>374.01</p> <p>(Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
--	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/94

Printed Name: PETE FLORES

Company Name: LA County Dept of Public Works Waterworks

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

*** PLEASE COMPLETE AND 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: 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
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 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:

2. Do you divert surface water and also extract ground water? yes no

356.22
(Must be an specific number)
acre-feet, cubic-feet, gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT: Water Meter, Power Meter, Nonmetered or Estimated
TYPE OF WATER USE: Agricultural, Domestic or Municipal, Other:

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)

Transfer this file to:
Company Name:
Address:
Telephone: ()
Effective Date:

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: Pete Flores
Printed Name: PETE
Company Name: L.A. County DEPT OF PUBLIC WORKS WATERWORKS

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

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: G193279

OWNER'S DESIGNATION OF WELL: 4-39
STATE WELL NO: 8N/11W-30K 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 address changes occur during the coming year.

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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 4/25/96

Printed Name: PETE FLORES

Company Name: L.A. County Dept of Public Works Waterworks

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

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

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

16-74	<input checked="" type="checkbox"/> acre-feet
(Must be an specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

- METHOD OF MEASUREMENT** Water Meter Power Meter Nonmetered or Estimated
- TYPE OF WATER USE** Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/94

Printed Name: PETE FLORES

Company Name: LA COUNTY DEPT OF PUBLIC WORKS WATERWORKS

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

*** PLEASE COMPLETE AND 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: 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:

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

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

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 10/25/96
 Printed Name: PETE FLORES
FIRST NAME LAST NAME
 Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS
FIRST NAME LAST NAME

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

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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:

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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: _____

2. Do you divert surface water and also extract ground water? yes no

1055.55 acre-feet

(Must be a specific number) cubic-feet
 gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
Printed Name: PETE FLORES
Company Name: LA CO. COUNTY DEPT OF PUBLIC WORKS WATERWORKS
(FIRST NAME) (M. NAME) (LAST NAME)

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

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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:

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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: _____

2. Do you divert surface water and also extract ground water? yes no

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

(Must be an specific number)

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FLORES
 Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

(FIRST NAME) (M. NAME) (LAST NAME)

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

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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: G193244

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

2. Do you divert surface water and also extract ground water? yes no

<u>581.61</u> (Must be an specific number)	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
---	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FLORES
(FIRST NAME) (M. NAME) (LAST NAME)
 Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

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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: G193245

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

TELEPHONE NUMBER:
(818) 458-7156

PARCEL NO:

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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: _____

2. Do you divert surface water and also extract ground water? yes no

1508.90	<input checked="" type="checkbox"/> acre-feet
(Must be an specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES
FIRST NAME LAST NAME

Company Name: LA - COUNTY DEPT OF PUBLIC WORKS WATERWORKS DIST.
FIRST NAME LAST NAME

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

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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: G193280

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

TELEPHONE NUMBER:
(818) 458-7198

PARCEL NO:

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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: _____

2. Do you divert surface water and also extract ground water? yes no

051-34 (Must be an specific number)	<input checked="" type="checkbox"/> acre-feet
	<input type="checkbox"/> cubic-feet
<input type="checkbox"/> gallons	

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
Printed Name: PETE FLORES
(FIRST NAME) (M. NAME) (LAST NAME)
Company Name: L.A. County Dept of Public Works WATERWORKS

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

***** PLEASE COMPLETE AND 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: 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

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

<u>1086.17</u>	<input checked="" type="checkbox"/> acre-feet
(Must be an specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96
Printed Name: PETE FLORES
FIRST NAME M. NAME LAST NAME
Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

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: 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 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 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: _____

2. Do you divert surface water and also extract ground water?

yes no

<p>310.08</p> <p>(Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
--	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT
TYPE OF WATER USE

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

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

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

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

<p>770.44</p> <p>(Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
--	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

Company Name: L.A. County DEPT OF PUBLIC WORKS WATERWORKS

(FIRST NAME) (M. NAME) (LAST NAME)

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

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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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: G193283

OWNER'S DESIGNATION OF WELL: 4-55
STATE WELL NO: 7N/11W-20K 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 address changes occur during the coming year.

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: _____

2. Do you divert surface water and also extract ground water? yes no

1046.98 (Must be an specific number)	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
---	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: L.A. County Dept of Public Works Waterworks

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

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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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: G193284

OWNER'S DESIGNATION OF WELL: 4-58
STATE WELL NO: 7N/11W-18R 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 address changes occur during the coming year.

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: _____

2. Do you divert surface water and also extract ground water? yes no

<u>1015-07</u> (Must be an specific number)	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
--	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/94
Printed Name: PETE FLORES
(FIRST NAME) (M. NAME) (LAST NAME)
Company Name: LA County Dept of Public Works Waterworks

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

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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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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: G193285

OWNER'S DESIGNATION OF WELL: 4-59
STATE WELL NO: 7N/11W-18R 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 address changes occur during the coming year.

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: _____

2. Do you divert surface water and also extract ground water? yes no

1310-15	<input checked="" type="checkbox"/> acre-feet
(Must be an specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: *DATE FLORES* Today's Date: 6/25/96
 Printed Name: DATE FLORES
(FIRST NAME) (M. NAME) (LAST NAME)
 Company Name: LA. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

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 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.

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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/94
 Printed Name: PETE FLORES
(FIRST NAME) (LAST NAME)
 Company Name: LA COUNTY DEPT OF PUBLIC WORKS WATERWORKS

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

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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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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 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:

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

- METHOD OF MEASUREMENT** Water Meter Power Meter Nonmetered or Estimated
- TYPE OF WATER USE** Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: *Pete Flores* Today's Date: 6/25/94

Printed Name: PETE FLORES

Company Name: LA COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

GROUNDWATER EXTRACTION OR SURFACE DIVERSION

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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 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:

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

525-92	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FLORES
(FIRST NAME) (M. NAME) (LAST NAME)
 Company Name: LA COUNTY DEPT OF PUBLIC WORKS WATERWORKS

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____

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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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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 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:

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

<p>271.28 (Must be an specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
--	--

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

- METHOD OF MEASUREMENT** Water Meter Power Meter Nonmetered or Estimated
- TYPE OF WATER USE** Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/94

Printed Name: PETE FLORES

(FIRST NAME) (LAST NAME)

Company Name: LA COUNTY DEPT. OF PUBLIC WORKS WATERWORKS

THIS SPACE FOR OFFICE USE ONLY	R. _____ AMT. _____
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*** PLEASE COMPLETE AND 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: 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 address changes occur during the coming year.

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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

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

Company Name: _____

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

Telephone: () _____ Effective Date: _____

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: certify under penalty of perjury that the foregoing statements are true and correct, to the best of my knowledge.

Signature: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

Company Name: LA. County Dept of Public Works WATERWORKS

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

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 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

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

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

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT
 Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE
 Agricultural Domestic or Municipal Other: _____

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)

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

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: Pete Flores Today's Date: 6/25/96
 Printed Name: PETE FLORES
(FIRST NAME) (LAST NAME)
 Company Name: LA COUNTY DEPT OF PUBLIC WORKS WATER DIV

THIS SPACE FOR OFFICE USE ONLY R. _____ ANY _____

*** 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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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 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:

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

<p>385.87 (Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
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3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

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

Company Name: _____

Address: _____

(MAILING ADDRESS) (CITY) STATE: ZIP CODE

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE FLORES

Company Name: L.A. COUNTY DEPT OF PUBLIC WORKS WATERWORKS

(FIRST NAME) (M. NAME) (LAST NAME)

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

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 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:

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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: _____

2. Do you divert surface water and also extract ground water? yes no

3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

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

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)**

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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: Pete Flores Today's Date: 6/25/96

Printed Name: PETE (FIRST NAME) FLORES (LAST NAME)

Company Name: LA COUNTY DEPT OF PUBLIC WORKS WATERWORKS

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

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

OWNER'S DESIGNATION OF WELL: NO 1

STATE WELL NO: 9N/1W-31R S

TOSN/ROW 31R 01

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 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: _____

2. Do you divert surface water and also extract ground water? yes no

<i>200-37</i> (Must be an specific number)	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
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3. AMOUNT OF WATER EXTRACTED/DIVERTED DURING CALENDAR YEAR →

METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated
TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

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)

Transfer this file to: _____

Company Name: _____

Address: _____

Telephone: () _____ Effective Date: _____

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: *Pete Flores* Today's Date: *6/25/96*

Printed Name: *PETE* *FLORES*

Company Name: *LA COUNTY DEPT OF PUBLIC WORKS WATERWORKS*

THIS SPACE FOR OFFICE USE ONLY R. _____ AMT _____