

# **West Valley County Water District**

## **Exhibit 13**

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

G193517

2008

If the owner information below is wrong or missing, please correct.  
 OWNER(S) OF RECORD WEST VALLEY CO. WATER DISTRICT

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

WEST VALLEY CO. WATER DISTRICT  
 25315 W. IDEAL AVE.  
 LANCASTER, CA 93536

RECORDATION NO: G193517  
 CONTACT PHONE NO: (661) 7241860

Owner's Designation of Well  
 LOT 103

State Well Number  
 08N16W-09001S

Parcel Number  
 3277-007-900

DEADLINE: Notices must be received no later than June 30, 2009 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION  Groundwater extraction or  Surface diversion
2. OWNERSHIP. Person listed below is:
  - Owner of land on which well or point of diversion is located, and is extracting/diverting water.
  - Lessee of land on which well or point of diversion is located, and is extracting/diverting water.
  - Owner of land, but lessee is extracting/diverting water.
  - Other. Please explain: \_\_\_\_\_
3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR \_\_\_\_\_ →
4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR \_\_\_\_\_ →
5. METHOD OF MEASUREMENT  Water Meter  Power Meter  Non-metered or Estimated
6. TYPE OF WATER USE  Agricultural  Domestic or Municipal  Other: \_\_\_\_\_
7. ACTION REQUESTED (Check one):
  - Reopen file. (Fee required)
  - Close this file. (No fee required)
  - Record my water use. (Fee required)
  - Do not record my water use but keep my name on mailing list. (No fee required)

<p>34.5</p> <p>(Must be a specific number)</p>	<input checked="" type="checkbox"/> acre-feet <input type="checkbox"/> cubic-feet <input type="checkbox"/> gallons
--	--

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

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

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments.  
none

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

Signature: Mark Crosby Date 6-19-09  
 Printed Name MARK LEWIS CROSBY  
 (FIRST NAME) (M. NAME) (LAST NAME)

COMPANY NAME: _____	THIS SPACE FOR OFFICE USE ONLY R. _____	AMT: _____
---------------------	---	------------

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

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

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

**ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION**  
(GROUNDWATER RECORDATION PROGRAM)

G193516

2008

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

OWNER(S) OF RECORD WEST VALLEY COUNTY WATER DISTRICT

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

WEST VALLEY COUNTY WATER DISTRICT  
25315 W IDEAL AVE.  
LANCASTER, CA 93536

RECORDATION NO: G193516  
CONTACT PHONE NO: (661) 7241860

Owner's Designation of Well  
LOT 155

State Well Number  
08N16W-1703S

Parcel Number  
3277-031-017

DEADLINE: Notices must be received no later than June 30, 2009 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION  Groundwater extraction or  Surface diversion

2. OWNERSHIP. Person listed below is:

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

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT  Water Meter  Power Meter  Non-metered or Estimated

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

7. ACTION REQUESTED (Check one):

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

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

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

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

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

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

Telephone: ( ) \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

none

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

Signature: \_\_\_\_\_ Date: 6-19-09

Printed Name: MARK LEWIS CROSBY  
 (FIRST NAME) (M. NAME) (LAST NAME)

COMPANY NAME: _____	THIS SPACE FOR OFFICE USE ONLY	R. _____	AMT: _____
---------------------	--------------------------------	----------	------------