

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND 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)

G193396

2007

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

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 24

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 24

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO: G193396

CONTACT PHONE NO: (818) 458-7156

Owner's Designation of Well
NO. 5

State Well Number
05N10W-09H01 S

Parcel Number
2840-002-018

DEADLINE: Notices must be received no later than **June 30, 2007** 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)

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

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Daniel J. Lafferty Date: 6/5/08

Printed Name: DANIEL (FIRST NAME) J. (M. NAME) LAFFERTY (LAST NAME)

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

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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)

G192550

2007

If the owner information below is wrong or missing, please correct.
OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 27

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 27
909 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO: G192550
CONTACT PHONE NO: (626) 458-7157

Owner's Designation of Well
NO 3

State Well Number
05N10W-07R S

Parcel Number

DEADLINE: Notices must be received no later than **June 30, 2007** 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

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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)

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

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

Transfer this file to:

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

Address: _____

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

Effective Date: _____

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

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

Signature: Daniel J. Lafferty Date: 6/5/08

Printed Name: DANIEL (FIRST NAME) J (M. NAME) LAFFERTY (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)

G193286

2007

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

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO. 4

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO. 4

980 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO: G193286

CONTACT PHONE NO: (626) 458-7157

Owner's Designation of Well
34-6

State Well Number
06N12W-15H S

Parcel Number
3025-053-278

DEADLINE: Notices must be received no later than **June 30, 2007** 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.

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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: _____

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

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)

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:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Daniel J. Lafferty Date: 6/5/08

Printed Name: DANIEL (FIRST NAME) J (M. NAME) LAFFERTY (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)

G193159

2007

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 39

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 39
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO: G193159
CONTACT PHONE NO: (818) 458-7158

Owner's Designation of Well
NO 1

State Well Number
09N01W-31R S

Parcel Number

DEADLINE: Notices must be received no later than **June 30, 2007** 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.

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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: _____

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

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)

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:

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

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

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

Signature: Daniel J. Lafferty Date: 6/5/08
Printed Name: DANIEL (FIRST NAME) J (M. NAME) LAFFERTY (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)

G193395

2007

If the owner information below is wrong or missing, please correct.
OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 35

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 35
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO: G193395
CONTACT PHONE NO: (626) 300-3395

Owner's Designation of Well
WELL 2

State Well Number
06N09W-04A01 S

Parcel Number
3244-25-57

DEADLINE: Notices must be received no later than June 30, 2007 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.

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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)

395 ☒ acre-feet
(Must be a specific number) ☐ cubic-feet
☐ gallons

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

Transfer this file to:

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

Address: _____

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

Effective Date: _____

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

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

Signature: Daniel J. Lafferty Date 6/5/08

Printed Name DANIEL (FIRST NAME) J (M. NAME) LAFFERTY (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)

G193247

2007

If the owner information below is wrong or missing, please correct.
OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 38

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 38
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO: G193247
CONTACT PHONE NO: (626) 458-7157

Owner's Designation of Well

3

State Well Number
06N09W-10Q01 S

Parcel Number

DEADLINE: Notices must be received no later than **June 30, 2007** 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.

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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)

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

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

Transfer this file to:

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

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

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

Signature: Daniel Lafferty Date: 6/5/08
Printed Name: DANIEL (FIRST NAME) L (M. NAME) LAFFERTY (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

G192722

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD COUNTY OF LOS ANGELES

RECORDATION NO: G192722
CONTACT PHONE NO: (526) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
COUNTY OF LOS ANGELES
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
WM J FOX AIRFIELD WELL NO 1

State Well Number
08N13W-36N S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 in order to be recorded.

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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: COUNTY INSTITUTION
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)

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

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

Transfer this file to:

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

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

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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

G192543

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G192543
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING

L A COUNTY WATERWORKS DIST NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 5 INSTALLED 1947

State Well Number
07N12W-22B S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 in order to be recorded.

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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)

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

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G192729

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G192729
CONTACT PHONE NO: (926) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 15

State Well Number
07N12W-11M S

Parcel Number

DEADLINE: Notices must be received no later than **June 30, 2007** 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)

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

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

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND 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

G192942

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G192942
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
WELL NO 22

State Well Number
07N13W-24M 9

Parcel Number

DEADLINE: Notices must be received no later than **June 30, 2007** 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)

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

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

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

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

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

Signature: Diane Lowery-Binnie Date 6-26-07

Printed Name DIANE LOWERY-BINNIE
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND 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

G192945

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G192945
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
WELL NO 25

State Well Number
07N12W-21C S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

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

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

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

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

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

Signature: DIANE LOWERY-BINNIE Date: 6-25-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)
(M. NAME)

Company Name: LOS ANGELES COUNTY

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND KEEP 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

G193045

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO:G193045
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 28

State Well Number
07N12W-15R S

Parcel Number

DEADLINE: Notices must be received no later than **June 30, 2007** 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)

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

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

Transfer this file to: _____

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

Address: _____

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

Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date 6-26-07

Printed Name DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193046

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO:G193046
CONTACT PHONE NO:(626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING

L A COUNTY WATERWORKS DIST NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 27

State Well Number
07N/12W-24M S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

88
(Must be a specific number)

☒ acre-feet
☐ cubic-feet
☐ gallons

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

☐ acre-feet
☐ cubic-feet
☐ gallons

Transfer this file to:

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

Company Name: _____

Address: _____

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Tray-Linn Date 6-26-07

Printed Name DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND 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

G193048

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193048
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 29

State Well Number
07N12W-34N S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

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

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193105

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193105
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 30

State Well Number
07N12W-34 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

348
(Must be a specific number)

☒ acre-feet
☐ cubic-feet
☐ gallons

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: _____ Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

PLEASE COMPLETE. SUBMIT THE ORIGINAL AND 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

G193108

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193108
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 33

State Well Number
07N12W-27 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

250
(Must be a specific number)

☒ acre-feet
☐ cubic-feet
☐ gallons

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

☐ acre-feet
☐ cubic-feet
☐ gallons

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) (M. NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193160

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193160
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 38

State Well Number
07N12W-09M S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

61
(Must be a specific number)
☒ acre-feet
☐ cubic-feet
☐ gallons

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) (M. NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193161

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193161
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 37

State Well Number
07N12W-30B S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

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

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date 6-26-07

Printed Name DIANE LOWERY-BINNIE
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193162

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193162
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 38

State Well Number
07N12W-21F S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

463
(Must be a specific number)

☒ acre-feet
☐ cubic-feet
☐ gallons

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

☐ acre-feet
☐ cubic-feet
☐ gallons

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie

Date 6-28-07

Printed Name DIANE
(FIRST NAME)

(M. NAME)

LOWERY-BINNIE
(LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193201

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193201
CONTACT PHONE NO: (826) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
WELL NO 41

State Well Number
07N10W-19E01 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

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

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

Transfer this file to:

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

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

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

Signature: Diane Lowery-Binnie Date: 6-25-07
Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)
(M. NAME)

Company Name: LOS ANGELES COUNTY

THIS SPACE FOR OFFICE USE ONLY

FL. _____ 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

G193249

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193249
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
43

State Well Number
07N12W-27F01 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

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

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193250

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193250
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
44

State Well Number
07N/12W-27F02 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

782
(Must be a specific number)

☒ acre-feet
☐ cubic-feet
☐ gallons

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

☐ acre-feet
☐ cubic-feet
☐ gallons

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Shaw George Binn Date 6-28-07

Printed Name DIANE (FIRST NAME) (M. NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193280

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS

RECORDATION NO: G193280
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING

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

LA COUNTY WATERWORKS DIST NO 4

Owner's Designation of Well
50

State Well Number
07N12W-09A S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

731
(Must be a specific number)

☒ acre-feet
☐ cubic-feet
☐ gallons

☐ acre-feet
☐ cubic-feet
☐ gallons
Annual quantity _____
Season of diversion
Begin _____
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.

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

Signature: Dee Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)
(M. NAME)

Company Name: LOS ANGELES COUNTY

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

G193281

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS

RECORDATION NO: G193281
CONTACT PHONE NO: (626) 458-7157

LA PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LOS ANGELES COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803

Owner's Designation of Well
18719 51

State Well Number
07N12W-09C 5

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

6.30 ☒ acre-feet
☐ cubic-feet
☐ gallons
(Must be a specific number)

☐ acre-feet
☐ cubic-feet
☐ gallons
Annual quantity _____
Season of diversion
Begin _____
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.

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

Signature: Diane Lowery-Binnie Date: 6-25-07

Printed Name: DIANE LOWERY-BINNIE
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193282

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS

RECORDATION NO: G193282
CONTACT PHONE NO: (626) 458-7157

LA PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LOS ANGELES COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803

Owner's Designation of Well
15815 54

State Well Number
07N11W-20K S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

245
(Must be a specific number)

☒ acre-feet
☐ cubic-feet
☐ gallons

☐ acre-feet
☐ cubic-feet
☐ gallons

Annual quantity _____
Season of diversion
Begin _____
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.

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193283

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS

RECORDATION NO: G193283
CONTACT PHONE NO: (828) 458-7157

LA PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LOS ANGELES COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803

Owner's Designation of Well

20180 55

State Well Number

07N11W-20K S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

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

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

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

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

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

Signature: Ron Day-Burn Date: 6-28-07
Printed Name: DIANE LOWERY-BINNIE
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193284

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS

RECORDATION NO: G193284
CONTACT PHONE NO: (626) 458-7157

LA PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LOS ANGELES COUNTY WATERWORKS DIST No 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803

Owner's Designation of Well
21276 58

State Well Number
07N11W-18R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

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

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

Transfer this file to:

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

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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) 341-6300, FAX: (916) 341-5400, Web: <http://www.waterrights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G193285

2006

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

PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS

RECORDATION NO: G193285
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING

LA ~~LOS ANGELES COUNTY WATERWORKS~~ DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803

Owner's Designation of Well

21641-59

State Well Number

07N11W-18R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

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

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193397

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 4

RECORDATION NO: G193397
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
60

State Well Number
07N12W-17F02 S

Parcel Number
3234-017-901

DEADLINE: Notices must be received no later than June 30, 2007 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)

824
(Must be a specific number)
☒ acre-feet
☐ cubic-feet
☐ gallons

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date 6-26-07

Printed Name DIANE (FIRST NAME) (M. NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193481

2006

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

PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS DISTRICT NO 40

RECORDATION NO: G193481
CONTACT PHONE NO: (626) 300-3306

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LOS ANGELES COUNTY WATERWORKS DISTRICT NO 40
900 S FREMONT AVE
ALHAMBRA, CA 91803

Owner's Designation of Well
WELL 4-61

State Well Number
07N12W-21C008 S

Parcel Number
3123-001-901

DEADLINE: Notices must be received no later than June 30, 2007 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)

458
(Must be a specific number)
☒ acre-feet
☐ cubic-feet
☐ gallons

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)
(M. NAME)

Company Name: LOS ANGELES COUNTY

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

G193482

2006

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

PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS DISTRICT NO 40

RECORDATION NO: G193482
CONTACT PHONE NO: (826) 300-3206

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING

LOS ANGELES COUNTY WATERWORKS DISTRICT NO 40

900 S FREMONT AVE

ALHAMBRA, CA 91803

Owner's Designation of Well
WELL 4-53

State Well Number
07N12W-27H008 S

Parcel Number
3128-008-004

DEADLINE: Notices must be received no later than June 30, 2007 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)

283
(Must be a specific number)

☒ acre-foot
☐ cubic-foot
☐ gallons

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

☐ acre-foot
☐ cubic-foot
☐ gallons

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Lowery-Binnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193483
2006

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

PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS DISTRICT NO 40

RECORDATION NO: G193483
CONTACT PHONE NO: (626) 300-3308

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LOS ANGELES COUNTY WATERWORKS DISTRICT NO 40
900 S FREMONT AVE
ALHAMBRA, CA 91803

Owner's Designation of Well
WELL 4-64

State Well Number
07N12W-27 S

Parcel Number
3126-008-904

DEADLINE: Notices must be received no later than **June 30, 2007** 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)

364 ☒ acre-feet
(Must be a specific number) ☐ cubic-feet
☐ gallons

☐ acre-feet
☐ cubic-feet
☐ gallons
Annual quantity _____
Season of diversion
Begin _____
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.

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

Signature: Alan J. Brown Date 6-26-07

Printed Name DANE LOWERY-BINNIE
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

THIS SPACE FOR OFFICE USE ONLY

FL. _____ 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

G192727

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD LA COUNTY WATERWORKS DIST NO 24

RECORDATION NO: G192727
CONTACT PHONE NO: (818) 458-7156

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LA COUNTY WATERWORKS DIST NO 24
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 4

State Well Number
05N10W-10E S

Parcel Number

DEADLINE: Notices must be received no later than **June 30, 2007** 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)

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

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

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

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

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

Signature: Diane Lowery-Binnie Date: 6-28-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193396

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD LA COUNTY WATERWORKS DIST NO 24

RECORDATION NO: G193396
CONTACT PHONE NO: (818) 458-7156

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LA COUNTY WATERWORKS DIST NO 24
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO. 5

State Well Number
05N10W-09H01 S

Parcel Number
2840-002-018

DEADLINE: Notices must be received no later than June 30, 2007 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)

52 ☒ acre-feet
(Must be a specific number) ☐ cubic-feet
☐ gallons

☐ acre-feet
☐ cubic-feet
☐ gallons
Annual quantity _____
Season of diversion _____
Begin _____
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.

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

Signature: DIANE LOWERY-BINNIE Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G192550

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 27

RECORDATION NO: G192550
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 27
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 3

State Well Number
05N10W-07R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

656 ☒ acre-feet
(Must be a specific number) ☐ cubic-feet
☐ gallons

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane Ginnie Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY - GINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193286

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD LOS ANGELES COUNTY WATERWORKS

RECORDATION NO: G193286
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
LOS ANGELES COUNTY WATERWORKS
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803

Owner's Designation of Well
34-6

State Well Number
06N12W-15H S

Parcel Number
3025-053-278

DEADLINE: Notices must be received no later than **June 30, 2007** 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)

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

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Diane G. Binnie Date 6-26-07

Printed Name DIANE LOWERY-BINNIE
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193395

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 35

RECORDATION NO: G193395
CONTACT PHONE NO: (626) 300-3395

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 35
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
WELL 2

State Well Number
06N/09W-04A01 S

Parcel Number
3244-25-57

DEADLINE: Notices must be received no later than **June 30, 2007** 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)

447 ☒ acre-feet
(Must be a specific number) ☐ cubic-feet
☐ gallons

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: _____ Date: 6-26-07

Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G192865

2006

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

PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 38

RECORDATION NO: G192865
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 38
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
WELL NO 1

State Well Number
06N09W-10 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

183
(Must be a specific number)
☒ acre-feet
☐ cubic-feet
☐ gallons

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

Transfer this file to:

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: _____ Date: 6-26-07

Printed Name: DIANE LOWERY-BINNIE
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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

G193247

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 38

RECORDATION NO: G193247
CONTACT PHONE NO: (626) 458-7157

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 38
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
3

State Well Number
06N09W-10Q01 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

258 ☒ acre-feet
(Must be a specific number) ☐ cubic-feet
☐ gallons

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

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

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

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

Signature: DIANE LOWERY-BINNIE Date: 6-26-07
Printed Name: DIANE (FIRST NAME) LOWERY-BINNIE (LAST NAME)
Company Name: LOS ANGELES COUNTY

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

G193159

2006

If the owner information below is wrong or missing, please correct.
PRIMARY OWNER OF RECORD L A COUNTY WATERWORKS DIST NO 39

RECORDATION NO: G193159
CONTACT PHONE NO: (818) 458-7158

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING
L A COUNTY WATERWORKS DIST NO 39
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

Owner's Designation of Well
NO 1

State Well Number
09N01W-31R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2007 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)

227 ☒ acre-feet
(Must be a specific number) ☐ cubic-feet
☐ gallons

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

Transfer this file to: _____

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

Address: _____

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

Effective Date: _____

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

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

Signature: Diane G. Binnie Date: 6-26-07

Printed Name DIANE (FIRST NAME) (M. NAME) LOWERY-BINNIE (LAST NAME)

Company Name: L A COUNTY WATERWORKS DIST NO 39

THIS SPACE FOR OFFICE USE ONLY

R. _____ AMT: _____

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number
State Well Number
(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well LOS ANGELES COUNTY WATERWORKS DISTRICT NO. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)

Address 900 S. FREMONT AVE ALHAMBRA CA 91803
Street address or P.O. Box number City State Zip Code

Telephone Number (626) 300 - 3306

2. Name of person extracting groundwater (if different than Item 1) _____

Address _____
Street address or P.O. Box number City State Zip Code

Telephone Number () _____

WELL LOCATION

3. Owner's designation of well 4-62 4. County LOS ANGELES

5. County Assessor's Parcel Number 3138 018 905

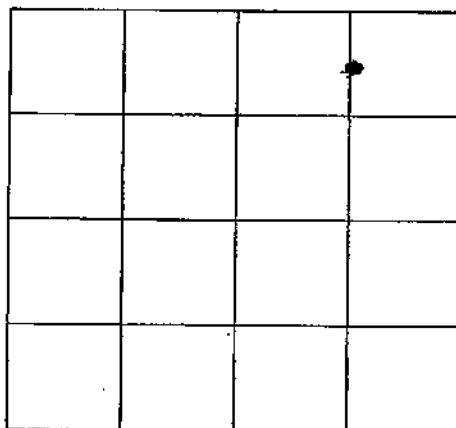
6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 07N/12W-1540018

N $\frac{1}{4}$ of NE $\frac{1}{4}$, Section 15, Township 7N
Range 12W B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 15, Township 7N, Range 12W

Quadrangle map name _____



WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation		When use is other than irrigation
			Crops served	Acreage Supplied	Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
2006	98	FLOW METER			M&I

10. Do you also divert surface water? NO
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures..... ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting..... ☐

WELL DATA

12. Is the place of use also served by another well? YES Another water source? YES
Yes or No Yes or No

13. If yes to either, describe THE DISTRICT IS SERVED BY MULTIPLE WELLS AND IMPORTED STATE WATER PROJECT WATER

14. Type, make and horsepower of pump _____ Date installed _____

15. Pump tests _____
Conducted by _____ Date _____ Discharge rate gpm _____ Pump efficiency _____

16. Power supply EDISON
Source _____ Meter No. _____ Date installed _____

17. Depth of well 550 feet. 18. Casing diameter 16 inches.

19. Is well gravel-packed? YES 20. Date drilled 1/2004
Yes or No

21. What are the upper and lower depths of casing perforations? Upper 265 Lower 530
(Show feet from ground surface)

22. Is log of well available? YES Where? FILED WITH DWR
Yes or No

23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DHS
Yes or No

24. Are water level measurements available? YES Where? FROM DISTRICT

PLEASE NOTE THAT:

A willful misstatement in this notice is a misdemeanor pursuant to Section 5008 of the Water Code.

A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name DIANE LOWERY-BINNIE

Signature Diane Lowery-Binnie

Title SENIOR CIVIL ENGINEER Date 6-26-07

At (City of P.O.) ALHAMBRA

Firm or Corporate Name LOS ANGELES COUNTY WATERWORKS DISTRICTS

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number
State Well Number
(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well LOS ANGELES COUNTY WATERWORKS DISTRICT NO. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)

Address 900 S. FREMONT AVE ALHAMBRA CA 91803
Street address or P.O. Box number City State Zip Code

Telephone Number (626) 390 - 3306

2. Name of person extracting groundwater (if different than Item 1) _____

Address _____
Street address or P.O. Box number City State Zip Code

Telephone Number () _____ - _____

WELL LOCATION

3. Owner's designation of well 4-65 4. County LOS ANGELES

5. County Assessor's Parcel Number _____

6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 08N/11W-30Q0048

SW $\frac{1}{4}$ of SE $\frac{1}{4}$, Section 030, Township 8N
Range 11W B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 30, Township 8N, Range 11W

Quadrangle map name _____

WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation		When use is other than irrigation
20 06	8	FLOW METER	Crops served	Acreage Supplied	Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
					M&I

10. Do you also divert surface water? NO
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting ☐

WELL DATA

12. Is the place of use also served by another well? YES Another water source? YES
Yes or No Yes or No

13. If yes to either, describe THE DISTRICT IS SERVED BY MULTIPLE WELLS AND IMPORTED STATE WATER PROJECT WATER

14. Type, make and horsepower of pump _____ Date installed _____

15. Pump tests _____

16. Power supply _____ Conducted by EDISON Date _____ Discharge rate gpm _____ Pump efficiency _____

17. Depth of well 130 feet. Source _____ Meter No. _____ Date installed _____

18. Casing diameter 12 inches.

19. Is well gravel-packed? YES 20. Date drilled 2/2004
Yes or No

21. What are the upper and lower depths of casing perforations? Upper 80 Lower 110
(Show feet from ground surface)

22. Is log of well available? YES Where? FILED WITH DWR
Yes or No

23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DHS
Yes or No

24. Are water level measurements available? YES Where? FROM DISTRICT

PLEASE NOTE THAT:

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A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name DIANE LOWERY-BINNIE

Signature [Signature]

Title SENIOR CIVIL ENGINEER Date 6-26-07

At (City of P.O.) ALHAMBRA

Firm or Corporate Name LOS ANGELES COUNTY WATERWORKS DISTRICTS

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number

State Well Number

(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well LOS ANGELES COUNTY WATERWORKS DISTRICT NO. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)

Address 900 S FREMONT AVE ALHAMBRA CA 91803
Street address or P.O. Box number City State Zip Code

Telephone Number (626) 300 - 3306

2. Name of person extracting groundwater (if different than Item 1)

Address _____
Street address or P.O. Box number City State Zip Code

Telephone Number () _____ - _____

WELL LOCATION

3. Owner's designation of well 4-66 4. County LOS ANGELES

5. County Assessor's Parcel Number _____

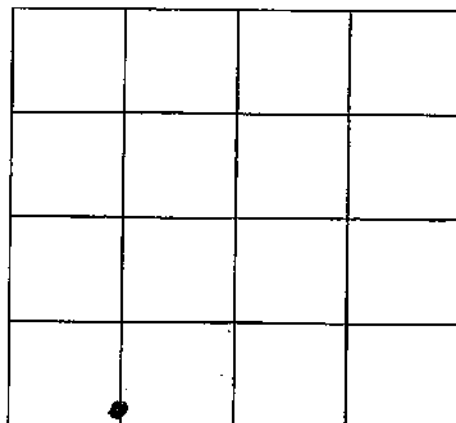
6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 07N/12W-34N006S

3 $\frac{1}{4}$ of SW $\frac{1}{4}$, Section 34, Township 7N
Range 12W, _____ B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 34, Township 7N, Range 12W

Quadrangle map name _____



WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation Crops served	When use is other than irrigation Acreage Supplied	Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
2006	218	FLOW METER			M&I

10. Do you also divert surface water? NO
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures..... ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting..... ☐

WELL DATA

12. Is the place of use also served by another well? YES Another water source? YES
Yes or No Yes or No

13. If yes to either, describe THE DISTRICT IS SERVED BY MULTIPLE WELLS AND IMPORTED STATE WATER PROJECT WATER

14. Type, make and horsepower of pump _____ Date installed _____

15. Pump tests _____
Conducted by _____ Date _____ Discharge rate gpm _____ Pump efficiency _____

16. Power supply EDISON _____
Source _____ Meter No. _____ Date installed _____

17. Depth of well 1056 feet. 18. Casing diameter 16 inches.

19. Is well gravel-packed? YES 20. Date drilled 1/2004
Yes or No

21. What are the upper and lower depths of casing perforations? Upper 432 Lower 636
(Show feet from ground surface)

22. Is log of well available? YES Where? FILED WITH DWR
Yes or No

23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DAS
Yes or No

24. Are water level measurements available? YES Where? FROM DISTRICT

PLEASE NOTE THAT:

A willful misstatement in this notice is a misdemeanor pursuant to Section 5008 of the Water Code.

A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name DIANE LOWERY-BINNIE

Signature Diane Lowery-Binnie

Title Senior Civil Engineer Date 6-26-07

At (City of P.O.) ALHAMBRA

Firm or Corporate Name LOS ANGELES COUNTY WATERWORKS DISTRICTS

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number
State Well Number
(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well LOS ANGELES COUNTY WATERWORKS DISTRICT NO. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)
- Address 900 S. FREMONT AVE. ALHAMBRA CA 91803
Street address or P.O. Box number City State Zip Code
- Telephone Number (626) 300 - 3306

2. Name of person extracting groundwater (if different than Item 1) _____
- Address _____
Street address or P.O. Box number City State Zip Code
- Telephone Number () _____ - _____

WELL LOCATION

3. Owner's designation of well 4-67 4. County LOS ANGELES
5. County Assessor's Parcel Number _____
6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 07N/12W-11E003S
SW $\frac{1}{4}$, of NW $\frac{1}{4}$, Section 11, Township 7N
Range 12W, _____ B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 11, Township 7N, Range 12W

Quadrangle map name _____

•			

WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation		When use is other than irrigation
			Crops served	Acreage Supplied	Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
2006	459	Flow Meter			M & I

10. Do you also divert surface water? NO
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures..... ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting..... ☐

WELL DATA

12. Is the place of use also served by another well? YES Another water source? YES
Yes or No Yes or No

13. If yes to either, describe THE DISTRICT IS SERVED BY MULTIPLE WELLS AND IMPORTED STATE WATER PROJECT WATER

14. Type, make and horsepower of pump _____ Date installed _____

15. Pump tests _____
Conducted by _____ Date _____ Discharge rate gpm _____ Pump efficiency _____

16. Power supply EDISON _____
Source _____ Meter No. _____ Date installed _____

17. Depth of well 470 feet. 18. Casing diameter 16 inches.

19. Is well gravel-packed? YES 20. Date drilled 1/2004
Yes or No

21. What are the upper and lower depths of casing perforations? Upper 220 Lower 450
(Show feet from ground surface)

22. Is log of well available? YES Where? FILED WITH DWR
Yes or No

23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DHS
Yes or No

24. Are water level measurements available? YES Where? FROM DISTRICT

PLEASE NOTE THAT:

A willful misstatement in this notice is a misdemeanor pursuant to Section 5008 of the Water Code.
A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name DIANE LOWERY-BINME

Signature Diane Lowery-Binme

Title SENIOR CIVIL ENGINEER Date 6-26-07

At (City of P.O.) ALHAMBRA

Firm or Corporate Name LOS ANGELES COUNTY WATERWORKS DISTRICTS

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number

State Well Number

(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well LOS ANGELES COUNTY WATERWORKS DISTRICT NO. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)

Address 900 S. FREMONT AVE. ALHAMBRA CA 91803
Street address or P.O. Box number City State Zip Code

Telephone Number (626) 300 - 3306

2. Name of person extracting groundwater (if different than Item 1) _____

Address _____
Street address or P.O. Box number City State Zip Code

Telephone Number () _____ - _____

WELL LOCATION

3. Owner's designation of well 4-68 4. County LOS ANGELES

5. County Assessor's Parcel Number _____

6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 07N/12W-17F003S

NE $\frac{1}{4}$ of NW $\frac{1}{4}$, Section 17, Township 7N
Range 12W B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 17, Township 7N, Range 12W

Quadrangle map name _____

WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation Crops served	Acreage Supplied	When use is other than irrigation Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
2006	5.5	FLOW METER			MGI

10. Do you also divert surface water? NO
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures..... ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting..... ☐

WELL DATA

12. Is the place of use also served by another well? YES Another water source? YES
Yes or No Yes or No

13. If yes to either, describe THE DISTRICT IS SERVED BY MULTIPLE WELLS AND IMPACTED STATE WATER PROJECT WATER

14. Type, make and horsepower of pump _____ Date installed _____

15. Pump tests _____
Conducted by _____ Date _____ Discharge rate gpm _____ Pump efficiency _____

16. Power supply EDISON _____
Source _____ Meter No. _____ Date installed _____

17. Depth of well 450 feet. 18. Casing diameter 16 inches.

19. Is well gravel-packed? YES 20. Date drilled 1/2004
Yes or No

21. What are the upper and lower depths of casing perforations? Upper 232 Lower 430
(Show feet from ground surface)

22. Is log of well available? YES Where? FILED WITH DWR
Yes or No

23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DHS
Yes or No

24. Are water level measurements available? YES Where? FROM DISTRICT

PLEASE NOTE THAT:

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A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name DIANE LOWERY - BINNIE

Signature Diane Lowery - Binnie

Title Senior Civil Engineer Date 6-25-07

At (City of P.O.) ALHAMBRA

Firm or Corporate Name LOS ANGELES COUNTY WATERWORKS DISTRICTS

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number
State Well Number
(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well LOS ANGELES COUNTY WATERWORKS DISTRICT No. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)

Address 900 S. FREMONT AVE. ALHAMBRA CA 91803
Street address or P.O. Box number City State Zip Code

Telephone Number (626) 300 - 3306

2. Name of person extracting groundwater (if different than Item 1) _____

Address _____
Street address or P.O. Box number City State Zip Code

Telephone Number () _____

WELL LOCATION

3. Owner's designation of well 4-69 4. County LOS ANGELES

5. County Assessor's Parcel Number _____

6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 07N/12W-34N007S

5 $\frac{1}{4}$ of SW $\frac{1}{4}$, Section 34, Township 7N
Range 12W B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 34, Township 7N, Range 12W

Quadrangle map name _____

WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under Item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation		When use is other than irrigation
			Crops served	Acreage Supplied	Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
2006	0	Flow Meter			M&I

10. Do you also divert surface water? NO
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures..... ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting..... ☐

WELL DATA

12. Is the place of use also served by another well? YES Another water source? YES
Yes or No Yes or No

13. If yes to either, describe THE DISTRICT IS SERVED BY MULTIPLE WELLS AND IMPORTED STATE WATER PAVED WATER

14. Type, make and horsepower of pump _____ Date installed _____

15. Pump tests _____
Conducted by _____ Date _____ Discharge rate gpm _____ Pump efficiency _____

16. Power supply EDISON
Source _____ Meter No. _____ Date installed _____

17. Depth of well 684 feet. 18. Casing diameter 16 inches.

19. Is well gravel-packed? YES 20. Date drilled 7/2004
Yes or No

21. What are the upper and lower depths of casing perforations? Upper 434 Lower 664
(Show feet from ground surface)

22. Is log of well available? YES Where? FILED WITH DWR
Yes or No

23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DAS
Yes or No

24. Are water level measurements available? YES Where? FROM DISTRICT

PLEASE NOTE THAT:

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A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name DIANE LOWERY-BINNIE

Signature [Signature]

Title Senior Civil Engineer Date 6-26-07

At (City of P.O.) ALHAMBRA

Firm or Corporate Name LOS ANGELES COUNTY WATERWORKS DISTRICTS

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number
State Well Number
(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well LOS ANGELES COUNTY WATERWORKS DISTRICT NO. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)

Address 900 S. FREMONT AVE. ALHAMBRA CA 91803
Street address or P.O. Box number City State Zip Code

Telephone Number (626) 300 - 3306

2. Name of person extracting groundwater (if different than Item 1) _____

Address _____
Street address or P.O. Box number City State Zip Code

Telephone Number () _____

WELL LOCATION

3. Owner's designation of well 4-72 4. County LOS ANGELES

5. County Assessor's Parcel Number _____

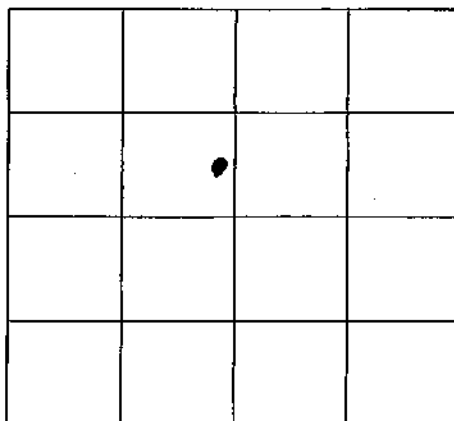
6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 07N/12W-27F011S

SE $\frac{1}{4}$, of NW $\frac{1}{4}$, Section 27, Township 7N
Range 12W, B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 27, Township 7N, Range 12W

Quadrangle map name _____



WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation		When use is other than irrigation
			Crops served	Acreage Supplied	Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
20 06	806	FLOW METER			MFI

10. Do you also divert surface water? NO
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures..... ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting..... ☐

WELL DATA

12. Is the place of use also served by another well? YES Another water source? YES
Yes or No Yes or No

13. If yes to either, describe THE DISTRICT IS SERVED BY MULTIPLE WELLS AND IMPORTED STATE WATER PROJECT WATER

14. Type, make and horsepower of pump _____ Date installed _____

15. Pump tests _____

16. Power supply _____ Conducted by EDISON Date _____ Discharge rate gpm _____ Pump efficiency _____

17. Depth of well 690 feet. 18. Casing diameter 16 inches.
Source Meter No. Date installed

19. Is well gravel-packed? YES 20. Date drilled 7/2004
Yes or No

21. What are the upper and lower depths of casing perforations? Upper 390 Lower 570
(Show feet from ground surface)

22. Is log of well available? YES Where? FILED WITH DWR
Yes or No

23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DHS
Yes or No

24. Are water level measurements available? YES Where? FROM DISTRICT

PLEASE NOTE THAT:

A willful misstatement in this notice is a misdemeanor pursuant to Section 5008 of the Water Code.

A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name DIANE LOWERY-BINNIE

Signature [Signature]

Title SENIOR Civil Engineer Date 6-26-07

At (City of P.O.) ALHAMBRA

Firm or Corporate Name LOS ANGELES COUNTY WATERWORKS DISTRICTS

*****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

G1927223G32005

2005

If the owner information below is wrong or missing, please correct.
OWNER(S) OF RECORD COUNTY OF LOS ANGELES;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:
COUNTY OF LOS ANGELES
WATERWORKS & SEWER MAINT DIV
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192722
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
WM J FOX AIRFIELD WELL NO 1

State Well Number
08N/13W-36N S

Parcel Number

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.
REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

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

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

1. **TYPE OF DIVERSION** Groundwater extraction or Surface diversion

2. **OWNERSHIP. Person listed below is:**

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

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

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

Other: Please explain: _____

3. **AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR** →

4. **AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR** →

5. **METHOD OF MEASUREMENT** ☒ Water Meter ☐ Power Meter ☐ Nonmetered or Estimated

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

7. **ACTION REQUESTED (Check one):**

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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

G192543³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192543
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 5 INSTALLED 1947

State Well Number

07N12W-22B S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT

Water Meter

Power Meter

Nonmetered or Estimated

6. TYPE OF WATER USE

Agricultural

Domestic or Municipal

Other: _____

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: _____

Date: _____

Printed Name: _____

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

THIS SPACE FOR OFFICE USE ONLY

R.

AMT:

930
(Must be a specific number)

acre-feet
cubic-feet
gallons

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

acre-feet
cubic-feet
gallons

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

G192729³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192729
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 15

State Well Number

07N/12W-11M S

Parcel Number

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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

G192942³G³2005

2005

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

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192942
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

WELL NO 22

State Well Number

07N/13W-24M S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

(M. NAME)

(LAST NAME)

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

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

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

Signature: _____

Date: _____

Printed Name: _____

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____

AMT: _____

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

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

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

G192945³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192945
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

WELL NO 26

State Well Number

07N/12W-21C S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

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

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

Signature: _____

Date: _____

Printed Name: _____

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

THIS SPACE FOR OFFICE USE ONLY

R.

AMT:

692
(Must be a specific number)

acre-foot
cubic-foot
gallons

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

acre-foot
cubic-foot
gallons

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

G193046³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193046
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 27

State Well Number

07N12W-24M S

Parcel Number

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

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

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

Signature: _____

Date: _____

Printed Name: _____

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____

AMT: _____

99
(Must be a specific number)

acre-feet
cubic-feet
gallons

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

acre-feet
cubic-feet
gallons

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) 341-5408, Web: <http://www.waterrights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G193048³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193048
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 29

State Well Number

07N12W-34N S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

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

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

Signature: _____

Date: _____

Printed Name: _____

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____

AMT: _____

639
(Must be a specific number)

acre-feet
cubic-feet
gallons

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

acre-feet
cubic-feet
gallons

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) 341-6300, FAX: (916) 341-3400, Web: <http://www.waterrights.ca.gov>
ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G193107³G³2005

2005

If the owner information below is wrong or missing, please correct.
OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:
L A COUNTY WATERWORKS DIST NO 4
DEPT OF PUBLIC WORKS
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193107
CONTACT PHONE NO.: (626)458-7167

Owner's Designation of Well
NO 32

State Well Number
07N12W-27 S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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 2900, 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

G193045³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193045
CONTACT PHONE NO.: (626)468-7157

Owner's Designation of Well

NO 28

State Well Number

07N/12W-15R S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED (Check one):

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)

Telephone: () _____ (CITY) (STATE) (ZIP CODE)

Effective Date: _____

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

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

Signature: David W. Pedersen

Date: 08/22/06

Printed Name: David

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: Los Angeles County

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

G193105³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193105
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
NO 30

State Well Number
07N/12W-34 S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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

G193108³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193108
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 33

State Well Number

07N/12W-27 S

Parcel Number

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: David W. Peterson Date: 08/22/06

Printed Name: David (FIRST NAME) W. (M. NAME) Peterson (LAST NAME)

Company Name: Los Angeles County

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

G193109³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193109
CONTACT PHONE NO.: (828)458-7157

Owner's Designation of Well
NO 34

State Well Number
07N12W-27 S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

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

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

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

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

Other. Please explain:

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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) 341-6300, FAX: (916) 341-5400, Web: <http://www.waterrights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G193160³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193160
CONTACT PHONE NO.: (626)468-7157

Owner's Designation of Well

NO 38

State Well Number

07N12W-09M S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2008 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

Company Name: (NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Address:

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: ()

Effective Date:

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

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

Signature:

Date

Printed 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

G193161³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193161
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
NO 37

State Well Number
07N/12W-30B S

Parcel Number

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: *David W. Redirsen* Date: *08/22/06*

Printed Name: *David W. Redirsen*
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: *Los Angeles County*

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

G193249³G³2005

2005

If the owner information below is wrong or missing, please correct.
OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4
DEPT OF PUBLIC WORKS
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193249
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
43

State Well Number
07N12W-27F01 S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: Daniel W. Pullen Date: 8/22/06

Printed Name: Daniel W. Pullen (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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

G1932013G32005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193201
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
WELL NO 41

State Well Number
07N/10W-19E01 S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: Daniel W. Pedersen Date: 08/22/06

Printed Name: Daniel W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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

G193162³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193162
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 38

State Well Number

07N/12W-21F S

Parcel Number

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

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

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

Signature: _____

Date: _____

Printed Name: _____

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

THIS SPACE FOR OFFICE USE ONLY

R. _____

AMT: _____

543
(Must be a specific number)

acre-feet
cubic-feet
gallons

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

acre-feet
cubic-feet
gallons

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

G193280³G³2005

2005

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

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE. 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193280
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

50

State Well Number

07N/12W-09A S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: David M. Ballen Date: 08/28/06

Printed Name: David M. Ballen (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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

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

G193250³G³2005

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

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193250
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

44

State Well Number

07N12W-27F02 S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name:

Address:

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: ()

Effective Date:

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

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

Signature:

Date

Printed Name

Company Name:

THIS SPACE FOR OFFICE USE ONLY

R.

AMT:

633
(Must be a specific number)

acre-feet
cubic-feet
gallons

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

acre-feet
cubic-feet
gallons

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) 341-3300, FAX: (916) 341-5400, Web: <http://www.waterrights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G193281³G³2005

2005

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

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193281
CONTACT PHONE NO.: (626)488-7167

Owner's Designation of Well

4-61

State Well Number

07N12W-09C S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name:

Address:

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: ()

Effective Date:

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

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

Signature:

Date

Printed Name

Company Name:

THIS SPACE FOR OFFICE USE ONLY

R.

AMT:

1049
(Must be a specific number)

acre-feet
cubic-feet
gallons

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

acre-feet
cubic-feet
gallons

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

G1932823G32005

2005

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

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193282
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-54

State Well Number

07N/11W-20K S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: David M. Pedersen Date: 08/22/06

Printed Name: David (FIRST NAME) M. (M. NAME) Pedersen (LAST NAME)

Company Name: Los Angeles County

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 2060, SACRAMENTO, CA 95812-2060

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

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G193283³G³2005

2005

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

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193283
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-55

State Well Number

07N/11W-20K S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (LAST NAME)

Company Name: Los Angeles County
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.waternights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G193284³G³2005

2005

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

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193284
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-58

State Well Number

07N/11W-18R S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 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:

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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: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen (FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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

G193285³G³2005

2005

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

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193285
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-59

State Well Number

07N/11W-18R S

Parcel Number

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: *David W. Declersen* Date: *08/22/06*

Printed Name: *David* (FIRST NAME) *W.* (M. NAME) *Declersen* (LAST NAME)

Company Name: *Los Angeles County*

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

G193397³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193397
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

60

State Well Number

07N/12W-17F02 S

Parcel Number

3153-015-953

DEADLINE: Notices must be received no later than August 31, 2006 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.

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1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

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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: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS Angeles County

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

1099
(Must be a specific number) acre-feet
cubic-feet
gallons

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

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number
State Well Number
(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well Los Angeles County Waterworks District No. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)
- Address 900 S. Fremont Avenue Alhambra CA 91803
Street address or P.O. Box number City State Zip Code
- Telephone Number (626) 300 - 3306
2. Name of person extracting groundwater (if different than Item 1) _____
- Address _____
Street address or P.O. Box number City State Zip Code
- Telephone Number () _____ - _____

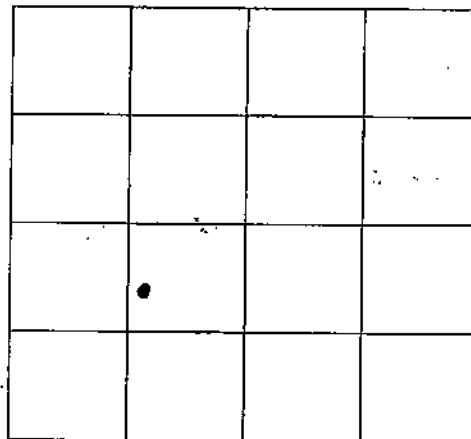
WELL LOCATION

3. Owner's designation of well 4-61 4. County Los Angeles
5. County Assessor's Parcel Number 3123 001 901
6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 07N12W21C006S
N $\frac{1}{4}$, of NW $\frac{1}{4}$, Section 21, Township 7N
Range 12W, B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 21, Township 7N, Range 12W

Quadrangle map name _____



WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation		When use is other than irrigation
20 05	309	flow meter	Crops served	Acreage Supplied	Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
					M & I

10. Do you also divert surface water? No
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting..... ☐

WELL DATA

12. Is the place of use also served by another well? Yes Another water source? Yes
Yes or No
13. If yes to either, describe the District is served by multiple wells and imported State Water Project water
Yes or No
14. Type, make and horsepower of pump 100 Hp Date installed 2005
15. Pump tests Edison 2005 956 65%
Conducted by Date Discharge rate gpm Pump efficiency
16. Power supply Edison 349-13365 2005
Source Meter No. Date installed
17. Depth of well 660 feet. 18. Casing diameter 16 inches.
19. Is well gravel-packed? Yes 20. Date drilled 4/2002
Yes or No
21. What are the upper and lower depths of casing perforations? Upper 316 Lower 620
(Show feet from ground surface)
22. Is log of well available? Yes Where? filed with DWR
Yes or No
23. Has a chemical analysis of well water been made? Yes If yes, where can it be obtained? DHS
Yes or No
24. Are water level measurements available? Yes Where? from the District

PLEASE NOTE THAT:

A willful misstatement in this notice is a misdemeanor pursuant to Section 5008 of the Water Code.
A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name David Pedersen

Signature David W. Pedersen

Title Senior Civil Engineer Date 08/22/06

At (City of P.O.) Alhambra

Firm or Corporate Name Los Angeles County Waterworks Districts

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number

State Well Number

(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well Los Angeles County Waterworks District No. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)
Address 900 S. Fremont Avenue Alhambra CA 91803
Street address or P.O. Box number City State Zip Code
Telephone Number (626) 300 - 3306

2. Name of person extracting groundwater (if different than Item 1) _____
Address _____
Street address or P.O. Box number City State Zip Code
Telephone Number () _____ - _____

WELL LOCATION

3. Owner's designation of well 4-63 4. County Los Angeles
5. County Assessor's Parcel Number 3126 008 904
6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) 07N12W 27H009S
SE $\frac{1}{4}$, of NE $\frac{1}{4}$, Section 27, Township 7N
Range 12W, B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 27, Township 7N, Range 12W

Quadrangle map name _____

WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation	Acreage Supplied	When use is other than irrigation
20	236	flow meter	Crops served		Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
					M & I

10. Do you also divert surface water? No
Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting ☐

WELL DATA

12. Is the place of use also served by another well? Yes Another water source? Yes
Yes or No Yes or No
13. If yes to either, describe the District is served by multiple wells and imported State Water Project water
14. Type, make and horsepower of pump 75 Hp Date installed 2005
15. Pump tests Edison June 2005 410 57%
Conducted by Date Discharge rate gpm Pump efficiency
16. Power supply Edison V345E-1549 2005
Source Meter No. Date installed
17. Depth of well 745 feet. 18. Casing diameter 16 inches.
19. Is well gravel-packed? Yes 20. Date drilled 5/2002
Yes or No
21. What are the upper and lower depths of casing perforations? Upper 290 Lower 705
(Show feet from ground surface)
22. Is log of well available? Yes Where? filed with DWR
Yes or No
23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DHS
Yes or No
24. Are water level measurements available? YES Where? from the District

PLEASE NOTE THAT:

A willful misstatement in this notice is a misdemeanor pursuant to Section 5008 of the Water Code.
A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name David Pedersen

Signature David W. Pedersen

Title SENIOR CIVIL ENGINEER Date 08/22/06

At (City of P.O.) Alhambra

Firm or Corporate Name Los Angeles County Waterworks Districts

Complete a separate
notice for each well.

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) 341-5300, Web: <http://www.waterrights.ca.gov>

Recordation Number

State Well Number

(Division of Water Rights Use Only)

FIRST NOTICE
GROUNDWATER DIVERSION

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

1. Name of person owning the well Los Angeles County Waterworks District No. 40
(Unless otherwise indicated, annual notices will be sent to this name and address)
- Address 900 S. Fremont Avenue Alhambra CA 91803
Street address or P.O. Box number City State Zip Code
- Telephone Number (626) 300 - 3306
2. Name of person extracting groundwater (if different than Item 1) _____
- Address _____
Street address or P.O. Box number City State Zip Code
- Telephone Number () _____

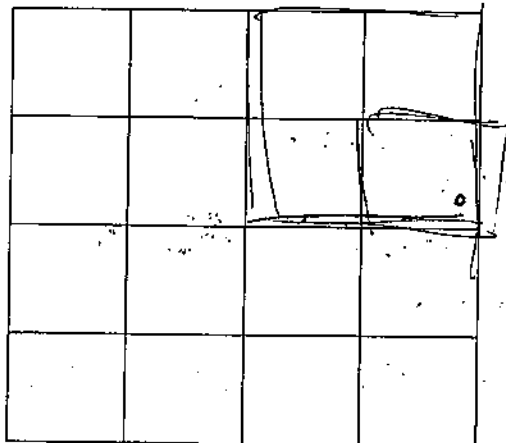
WELL LOCATION

3. Owner's designation of well 4-64 4. County Los Angeles
5. County Assessor's Parcel Number 3126 008 904
6. Describe location of well to the nearest 40-acre quarter section. State well number (if known) _____
- SE $\frac{1}{4}$, of NE $\frac{1}{4}$, Section 27, Township 7N
Range 12W, B. & M.

7. Indicate location of well in the section grid below, or provide a copy of the USGS quadrangle map with the well location marked. The place of use should also be indicated. The grid represents one whole section.

Section 27, Township 7N, Range 12W

Quadrangle map name _____



WATER USE

8. Describe the Place of Use (If sketch is required, please use grid under item 7) _____

9. Quantity and Use of water extracted and method used in determining quantity for the last calendar year.

Calendar Year	EXTRACTIONS		USE		
	Annual extractions in acre-feet or _____ (specify unit)	Method of measurement or of estimate (specify)	When use is for irrigation		When use is other than irrigation
			Crops served	Acreage Supplied	Nature and extent of use, i.e. population, products manufactured, number and kind of stock watered
20	214	flow meter			M E I

10. Do you also divert surface water? No

Yes or No

11. If answer (to 10 above) is yes, how are you reporting surface water use?

- a. Under Statement of Water Diversion and Use procedures ☐
- b. Under Annual Recordation Notice procedures ☐
- c. Under Appropriative Water Right procedures ☐
- d. Not reporting ☐

WELL DATA

12. Is the place of use also served by another well? YES Another water source? YES
Yes or No
13. If yes to either, describe the district is served by multiple wells and imported State Water Project water.
Yes or No
14. Type, make and horsepower of pump 100 Hp Date installed 2005
15. Pump tests Edison June 2005 617 62.8%
Conducted by Date Discharge rate gpm Pump efficiency
16. Power supply Edison 349-13356 2005
Source Meter No. Date installed
17. Depth of well 730 feet. 18. Casing diameter 16 inches.
19. Is well gravel-packed? YES 20. Date drilled 5/2002
Yes or No
21. What are the upper and lower depths of casing perforations? Upper 300 Lower 690
(Show feet from ground surface)
22. Is log of well available? YES Where? filed with DWR
Yes or No
23. Has a chemical analysis of well water been made? YES If yes, where can it be obtained? DHS
Yes or No
24. Are water level measurements available? YES Where? from District

PLEASE NOTE THAT:

A willful misstatement in this notice is a misdemeanor pursuant to Section 5008 of the Water Code.
A \$115.00 filing fee must accompany each notice.

I certify that the foregoing required statements and the following optional additional statements, if any, are true and correct to the best of my knowledge and belief.

Name David Pedersen
 Signature David W. Pedersen
 Title Senior Civil Engineer Date 08/22/06
 At (City of P.O.) Alhambra
 Firm or Corporate Name Los Angeles County Waterworks Districts

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.waternights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G193286³G³2005

2005

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

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 34

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193286
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

34-6

State Well Number

06N/12W-15H S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name:

Address:

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: ()

Effective Date:

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

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

Signature:

Date

Printed 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

G192727³G³2005

2005

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

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 24;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 24

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192727
CONTACT PHONE NO.: (818)458-7156

Owner's Designation of Well
NO 4

State Well Number
05N/10W-10E S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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

G193396³G³2005

2005

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

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 24;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 24

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193396
CONTACT PHONE NO.: (818)458-7156

Owner's Designation of Well

NO. 5

State Well Number

05N/10W-09H01 S

Parcel Number

3046-027-902

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: *David W. Pedersen* Date: *08/22/06*

Printed Name: *David W. Pedersen*

Company Name: *Los Angeles County*

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

G192550³G³2005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 27;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 27

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192550
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
NO 3

State Well Number
05N/10W-07R S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

THIS SPACE FOR OFFICE USE ONLY R. AMT:

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

G193159³G³2005

State of California, State Water Resources Control Board, Division of Water Rights
P.O. BOX 2008, SACRAMENTO, CA 95812-2008

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

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 39;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 39

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193159
CONTACT PHONE NO.: (818)458-7188

Owner's Designation of Well

NO 1

State Well Number

09N/01W-31R 9

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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) 341-6300, FAX: (916) 341-5408, Web: <http://www.waterrights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION

G1933953G32005

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 35;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 35

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193395
CONTACT PHONE NO.: (626)300-3385

Owner's Designation of Well

WELL 2

State Well Number

08N09W04A01 S

Parcel Number

3353-9-900

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED (Check one):

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: _____

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

Effective Date: _____

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: Los Angeles County

THIS SPACE FOR OFFICE USE ONLY

R.

AMT:

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

G192865³G³2005

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

2005

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 38;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 38

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192865
CONTACT PHONE NO.: (626)458-7167

Owner's Designation of Well

WELL NO 1

State Well Number

08N009W-10 S

Parcel Number

DEADLINE: Notices must be received no later than August 31, 2006 in order to be recorded.

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

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

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

7. ACTION REQUESTED (Check one):

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

Record my water use. (Fee required)

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

Transfer this file to:

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

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

Telephone: () Effective Date:

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: Los Angeles County

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

W/W 605
G193247³G32005

2005

If the owner information below is wrong or missing, please correct.
OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 38;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:
L A COUNTY WATERWORKS DIST NO 38
DEPT OF PUBLIC WORKS
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193247
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
3

State Well Number
06N09W-10Q01 S

Parcel Number

DEADLINE: Notices must be received no later than **August 31, 2006** in order to be recorded.

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

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

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

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

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

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

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

Other: Please explain: _____

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

288
(Must be a specific number) acre-feet
cubic-feet
gallons

7. **ACTION REQUESTED (Check one):**

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: _____

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

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

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

Signature: David W. Pedersen Date: 08/22/06

Printed Name: David W. Pedersen
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: Los Angeles County

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



G192722%G%2004

2004

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

OWNER(S) OF RECORD COUNTY OF LOS ANGELES;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

COUNTY OF LOS ANGELES
WATERWORKS & SEWER MAINT DIV
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192722
CONTACT PHONE NO.: (828)458-7157

Owner's Designation of Well
WM J FOX AIRFIELD WELL NO 1

State Well Number
08N13W-38N S

Parcel Number

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

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED:

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

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

Signature: David W. Pedersen Date: 06/20/05

Printed Name: DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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



G192543%G%2004

2004

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4
DEPT OF PUBLIC WORKS
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192543
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
NO 5 INSTALLED 1947

State Well Number
07N/12W-22B S

Parcel Number

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

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED:

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

1100.59	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion _____	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

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

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

Signature: David W. Pedersen Date: 6/28/05

Printed Name: DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LAS ANGELES COUNTY

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



G192554%G%2004

2004

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192554
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well
NO 12

State Well Number
07N12W-21C 3

Parcel Number

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

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED:

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

Signature: David W. Pedersen Date: 6/29/05

Printed Name: DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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



G192555%G%2004

2004

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192555
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 13

State Well Number

07N/12W-27 S

Parcel Number

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

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED:

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

(M. NAME)

(LAST NAME)

Address: _____ (MAILING ADDRESS)

Telephone: () _____ (CITY) (STATE) (ZIP CODE)

Effective Date: _____

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

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

Signature: David W. Pedersen

Date: 6/28/05

Printed Name: DAVID

(FIRST NAME)

W. (M. NAME)

PEDERSEN (LAST NAME)

Company Name: LDS ANGELES COUNTY

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



G192729%G%2004

2004

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192729
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 15

State Well Number

07N12W-11M S

Parcel Number

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

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED:

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

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

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

Signature: David W. Peperesen Date: 06/28/05

Printed Name: DAVID W. PEPERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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



G192942%G%2004

2004

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192942
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

WELL NO 22

State Well Number

07N/13W-24M S

Parcel Number

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

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

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

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

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

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED:

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

Record my water use. (Fee required)

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

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

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

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

Signature: David W. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.

(M. NAME)

PEDERSEN

(LAST NAME)

Company Name: LOS ANGELES COUNTY

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



G192945%G%2004

2004

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

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192945
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

WELL NO 25

State Well Number

07N/12W-21C S

Parcel Number

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

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

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

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

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

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

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

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

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

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

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

7. ACTION REQUESTED:

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

Record my water use. (Fee required)

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

Transfer this file to: _____

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

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

Telephone: () _____ Effective Date: _____

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

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen Date: 06/29/05

Printed Name: DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LOS ANGELES COUNTY

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



G193045%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193045
CONTACT PHONE NO.: (826)458-7157

Owner's Designation of Well

NO 28

State Well Number

07N12W-15R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other. Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other:

7. ACTION REQUESTED:

Close this file. (Fees may be reopened at any time -- fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to:

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name:

Address:

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: ()

Effective Date:

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature:

Date:

Printed Name

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name:

THIS SPACE FOR OFFICE USE ONLY

RL

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



G193046%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193046
CONTACT PHONE NO.: (826)458-7157

Owner's Designation of Well

NO 27

State Well Number

07N12W-24M S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time -- fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/29/05

Printed Name: DAVID

(FIRST NAME)

W.
(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LDS ANGELIS COUNTY

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



G193048%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193048
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 29

State Well Number

07N/12W-34N S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen Date: 06/28/05

Printed Name: DAVID W. PEDERSEN

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: LA COUNTY

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



G193105%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193105
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 30

State Well Number

07N/12W-34 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

<u>563.27</u>	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons

Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion _____	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Olsen

Date 06/28/05

Printed Name DAVID

(FIRST NAME)

W.

(M. NAME)

PEPENSEN

(LAST NAME)

Company Name: LA COUNTY

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



G193107%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193107
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 32

State Well Number

07N12W-27 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

812.53	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion _____	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/24/05

Printed Name: DAVID

(FIRST NAME)

W.
(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LA COUNTY

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



G193108%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193108
CONTACT PHONE NO.: (828)458-7157

Owner's Designation of Well

NO 33

State Well Number

07N12W-27 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/20/05

Printed Name

DAVID

W.

PEDERSEN

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: LA COUNTY

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



G193109%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4:

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193109
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 34

State Well Number

07N/12W-27 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time – fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date 06/28/05

Printed Name DAVID W.

(FIRST NAME)

(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LA COUNTY

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



G193160%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G183160
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 38

State Well Number

07N12W-09M S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION: Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Potentiometer Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Belen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.
(M. NAME)

PEPERSON
(LAST NAME)

Company Name: LA COUNTY

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



G193161%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193161
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 37

State Well Number

07N12W-30B S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen Date: 06/28/05

Printed Name: DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LA COUNTY

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



G193162%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193162
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 38

State Well Number

07N/12W-21F S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time -- fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE. I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen Date 06/28/05

Printed Name DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LA COUNTY

THIS SPACE FOR OFFICE USE ONLY R. AMT: 0

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) 341-5408, Web: <http://www.waterrights.ca.gov>
ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



If the owner information below is wrong or missing, please correct.
OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4
DEPT OF PUBLIC WORKS
900 S FREMONT AVE 9TH FL
ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193201
CONTACT PHONE NO.: (826)458-7157

Owner's Designation of Well
WELL NO 41

State Well Number
07N/10W-19E01 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

18.21	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion _____	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Peterson Date: 06/28/05

Printed Name: DAVID W. PETERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LA COUNTY

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



G193249%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193249
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

43

State Well Number

07N12W-27F01 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen Date: 06/28/05

Printed Name: DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LA COUNTY

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) 341-5390, FAX: (916) 341-5400, Web: <http://www.waterrights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G1932507G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193250
CONTACT PHONE NO.: (826)468-7167

Owner's Designation of Well

44

State Well Number

07N12W-27F02 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

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1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

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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: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Olsen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.
(M. NAME)

PETERSEN

(LAST NAME)

Company Name: LA COUNTY

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



G193280%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193280
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

50

State Well Number

07N/12W-09A S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

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1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

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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: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.

(M. NAME)

PEDERSEN

(LAST NAME)

Company Name: LA COUNTY

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



G193281%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193281
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-51

State Well Number

07N/12W-09C S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

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1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time – fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the forgoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.

(M. NAME)

PEDERSEN

(LAST NAME)

Company Name: LA COUNTY

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



G193282ZG2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193282
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-54

State Well Number

07N11W-20K S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please fine 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 Unmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Fees may be required at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to:

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE. I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.
(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LA COUNTY

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



G193283%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193283
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-55

State Well Number

07N/11W-20K S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

2016.85	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
<input type="checkbox"/> acre-feet	
<input type="checkbox"/> cubic-feet	
<input type="checkbox"/> gallons	
Annual quantity _____	
Season of diversion _____	
Begin _____	
End _____	
Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Peden

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W. (M. NAME)

PEDEN (LAST NAME)

Company Name: LA COUNTY

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



G193284%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193284
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-58

State Well Number

07N/11W-16R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

1393.93	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
Annual quantity _____	<input type="checkbox"/> acre-feet
Season of diversion _____	<input type="checkbox"/> cubic-feet
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE. I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David M. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

M.
(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LA COUNTY

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



G193285%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 4

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193285
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

4-59

State Well Number

07N/11W-18R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen Date 06/28/05

Printed Name DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LA COUNTY

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



G193397%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 4;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 4

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193397
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

60

State Well Number

07N/12W-17F02 S

Parcel Number

3153-015-953

DEADLINE: Notices must be received no later than **June 30, 2005** in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

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1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time – fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

<u>1175.81</u>	<input checked="" type="checkbox"/> acre-feet
(Must be a specific number)	<input type="checkbox"/> cubic-feet
	<input type="checkbox"/> gallons
<input type="checkbox"/> acre-feet	
<input type="checkbox"/> cubic-feet	
<input type="checkbox"/> gallons	
Annual quantity _____	
Season of diversion _____	
Begin _____	
End _____	
Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David M. Pedersen

Date 06/28/05

Printed Name DAVID
(FIRST NAME)

W.
(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LA COUNTY

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



G192727%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 24;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 24

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192727
CONTACT PHONE NO.: (818)458-7156

Owner's Designation of Well

NO 4

State Well Number

06N10W-10E S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 6/28/05

Printed Name: DAVID

(FIRST NAME)

W.
(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LA COUNTY

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



G193396%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 24;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 24

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193396
CONTACT PHONE NO.: (818)458-7156

Owner's Designation of Well

NO. 5

State Well Number

05N/10W-09H01 S

Parcel Number

3046-027-902

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located; and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.
(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LA COUNTY

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



G192550%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 27;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 27

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192550
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

NO 3

State Well Number

05N/10W-07R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time – fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE. I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.

(M. NAME)

PEDERSEN

(LAST NAME)

Company Name: LA COUNTY

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



G193286%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LOS ANGELES COUNTY WATERWORKS;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LOS ANGELES COUNTY WATERWORKS

DISTRICT NO 34

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803

RECORDATION NO.: G193286
CONTACT PHONE NO.: (626)458-7157

Owner's Designation of Well

34-6

State Well Number

06N/12W-15H S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

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1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: Certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

W.
(M. NAME)

PEDERSEN
(LAST NAME)

Company Name: LA COUNTY

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



G193395%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 35;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 35

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193395
CONTACT PHONE NO.: (626)300-3395

Owner's Designation of Well

WELL 2

State Well Number

06N06W-04A01 S

Parcel Number

3383-9-900

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

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1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP: Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other. Please explain:

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David M. Olsen Date: 06/28/05

Printed Name: DAVID M. OLSEN

Company Name: LA COUNTY

THIS SPACE FOR OFFICE USE ONLY

GW-ANN-EXTRT (1-05)

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) 341-5408, Web: <http://www.waterrights.ca.gov>

ANNUAL NOTICE OF GROUNDWATER EXTRACTION AND DIVERSION



G192865%GX2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD LA COUNTY WATERWORKS DIST NO 38;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

LA COUNTY WATERWORKS DIST NO 38

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G192865
CONTACT PHONE NO.: (926)458-7157

Owner's Designation of Well

WELL NO 1

State Well Number

06N08W-10 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David M. Pedersen

Date: 06/28/05

Printed Name

DAVID

WE

PEDERSEN

(FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: LA COUNTY

THIS SPACE FOR OFFICE USE ONLY

R.

AMT: \$

PLEASE COMPLETE. SUBMIT THE ORIG. 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



G193247%G%2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 38;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 38

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G183247
CONTACT PHONE NO.: (626)458-7167

Owner's Designation of Well

3

State Well Number

06N08W-10Q01 S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other. Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

Company Name: _____ (NEW OWNER'S FIRST NAME) (M. NAME) (LAST NAME)

Address: _____ (MAILING ADDRESS) (CITY) (STATE) (ZIP CODE)

Telephone: () _____ Effective Date: _____

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David W. Pedersen Date: 06/28/05

Printed Name: DAVID W. PEDERSEN
(FIRST NAME) (M. NAME) (LAST NAME)

Company Name: LA COUNTY

THIS SPACE FOR OFFICE USE ONLY

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



6193159XGZ2004

2004

If the owner information below is wrong or missing, please correct.

OWNER(S) OF RECORD L A COUNTY WATERWORKS DIST NO 39;

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

L A COUNTY WATERWORKS DIST NO 39

DEPT OF PUBLIC WORKS

900 S FREMONT AVE 9TH FL

ALHAMBRA, CA 91803-1331

RECORDATION NO.: G193159
CONTACT PHONE NO.: (818)458-7156

Owner's Designation of Well

NO 1

State Well Number

08N01W-31R S

Parcel Number

DEADLINE: Notices must be received no later than June 30, 2005 in order to be recorded.

REQUIRED FEES: A filing fee of \$115.00 is required for each Annual Notice of Groundwater Extraction and Diversion. Check or money order should indicate your recordation number(s) and be made payable to: State Water Resources Control Board. Do not send cash.

PLEASE READ THE GENERAL INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS NOTICE

If the above information is inaccurate, please line it out in red and provide current information. Notify this office if ownership or address changes occur during the coming year.

1. TYPE OF DIVERSION Groundwater extraction or Surface diversion

2. OWNERSHIP. Person listed below is:

Owner of land on which well or point of diversion is located, and is extracting/diverting water.

Lessee of land on which well or point of diversion is located, and is extracting/diverting water.

Owner of land, but lessee is extracting/diverting water.

Other: Please explain: _____

3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR →

4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR →

5. METHOD OF MEASUREMENT Water Meter Power Meter Nonmetered or Estimated

6. TYPE OF WATER USE Agricultural Domestic or Municipal Other: _____

7. ACTION REQUESTED:

Close this file. (Files may be reopened at any time - fee required)

Record my water use. (Fee required)

Do not record my water use but keep my name on mailing list. (No fee required)

Transfer this file to: _____

(NEW OWNER'S FIRST NAME)

(M. NAME)

(LAST NAME)

Company Name: _____

Address: _____

(MAILING ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

Telephone: () _____

Effective Date: _____

128.31	<input checked="" type="checkbox"/> acre-foot
(Must be a specific number)	<input type="checkbox"/> cubic-foot
	<input type="checkbox"/> gallons
Annual quantity _____	<input type="checkbox"/> acre-foot
Season of diversion _____	<input type="checkbox"/> cubic-foot
Begin _____	<input type="checkbox"/> gallons
End _____	
Maximum rate of diversion _____	

8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (new pump, new land irrigation, new method of irrigation, etc.) or any other comments

9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and correct to the best of my knowledge.

Signature: David M. Pedersen

Date: 06/28/05

Printed Name: DAVID

(FIRST NAME)

M.

(M. NAME)

PEDERSEN

(LAST NAME)

Company Name: LA COUNTY

THIS SPACE FOR OFFICE USE ONLY

FILE

AMT: