West Valley County Water District

Exhibit 14

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 EXTRACTION AND DIVERSION OF WATER (GROUNDWATER RECORDATION PROGRAM)

If the owner information below is wrong or missing, please correct. PRIMARY OWNER OF RECORD WEST VALLEY CO. WATER DISTRICT G193517

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

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

RECORDATION NO: G193517 CONTACT PHONE NO: (861)7241860

Owner's Designation of Well

State Well Number

Parcel Number

LOT 103

08N/16W-09001S

3277-007-900

DEADLINE: Notices must be received no later than June 30, 2010 in order to be recorded.

REQUIRED FEES: A filling fee of \$50.00 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 M Groundwater extraction or Surface diversion 2. QWNERSHIP. Person listed below is:

<u>Owner</u> of land on which well or point of diversion is located, and is extracting/diverting water.		
Lessee of land on which well or point of diversion is located, and is extracting/diverting water. Owner of land, but lessee is extracting/diverting water. Other: Please explain: 3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR	/9, 325, 900 (Must be a specific number)	□ acre-feet □ cubic-feet I gallons
4. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR ————————————————————————————————————	ferrors in a whitester consumer's	a ganono
5. METHOD OF MEASUREMENT M Water Meter Power Meter Non-mightened or Estimated [
6. TYPE OF WATER USE Agricultural Domestic or Municipal M Other Lake		□acre-feet □ cubic-feet
7. ACTION REQUESTED (Check one):	Annual quantity	
☐ Reopen file. (Fee required)	Season of diversion	
Close this file. (No fee required)	Begin	
M Record my water use. (Fee required)	End Maximum rate of diversion	
☐ Do not record my water use but keep my name on malling list. (No fee required)	×	-
Transfer this file to		
Transfer this file to:	(LAST NAME)	
Company Name:	<u> </u>	
A A Dec		
Address:(MAILING ADDRESS) (C	XTY) (STATE)	(ZIP CODE)
Telephone: () Effective Date:	AII) (SIAIE)	(ZIF WUE)
The state of the s		····
8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (no irrigation, etc.) or any other comments.	aw pump, new land intgation, ne	w method of
9. CERTIFICATION AND SIGNATURE: I certify that the foregoing statements are true and com	ect to the best of my knowledge.	
Signature:	Date	10
Printed Name MARK LEWIS	CROSBY	
(FIRST NAME) (M. NAME)	(LAST NAME)	
company Name: West Valley County Water Distr	ict	
THIS SPACE FOR OFFICE USE ONLY	RAMT:	
(Continues on an analy		

(Continues on reverse)

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 EXTRACTION AND DIVERSION OF WATER
(GROUNDWATER RECORDATION PROGRAM)

2009

G193516

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

PRIMARY OWNER OF RECORD WEST VALLEY COUNTY WATER DISTRICT

PRIMARY CONTACT OR AGENT FOR MAIL & REPORTING:

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

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

Owner's Designation of Well

State Well Number

Parcel Number

LOT 155

08N/16W-1703S

3277-031-017

DEADLINE: Notices must be received no later than June 30, 2010 in order to be recorded.

REQUIRED FEES: A filing fee of \$50.00 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:

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

We 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: 	51,160,000	☐ acre-feet ☐ cubic-feet
3. AMOUNT OF GROUNDWATER EXTRACTED DURING CALENDAR YEAR	(Must be a specific number)	2 gallons
4. AMOUNT OF SURFACE WATER DIVERTED DURING CALENDAR YEAR		
5. METHOD OF MEASUREMENT We Water Meter Power Meter Non-metered or Estimated 6. TYPE OF WATER USE Pomestic or Municipal Other:		Clacre-feet
7. ACTION REQUESTED (Check one):	A	☐ cubic-feet
☐ Reopen file. (Fee required)	Annual quantity Season of diversion	☐ gallons
☐, Close this file. (No fee required)	Begin	· Water Harris Brown
Record my water use. (Fee required)	End Maximum rate of diversion	···
☐ Do not record my water use but keep my name on malling list. (No fee required)	[MAXIMUM TATO OF GREATORS	
Transfer this file to:		
(NEW OWNER'S FIRST NAME) (M. NAME)	(LAST NAME)	
Company Name:		
Address:		
		ZIP CODE)
Telephone: () Effective Date:	NOTIFIED AND AND AND AND AND AND AND AND AND AN	
8. SUPPLEMENTAL INFORMATION. Please list any changes in your project since last year (infigation, etc.) or any other comments. None	new pump, new land infigation, new	method of
9. CERTIFICATION AND STOCKATURE: I certify that the foregoing statements are true and co	rrect to the best of my knowledge.	
Signature: //www.x/sabel/	Date 3-15	-10
Printed Name MARK LEWIS	CROSBY	,,
(FIRST NAME) (M. NAME)	(LAST NAME)	
Company Name: West Halley County Water Distric		
THIS SPACE FOR OFFICE USE ONLY	RAMT:	

(Continues on reverse)