



**OJAI BASIN GROUNDWATER MANAGEMENT AGENCY
A STATE OF CALIFORNIA WATER AGENCY**

417 BRYANT CIRCLE, SUITE 112
OJAI CA 93023

P.O. BOX 1779
OJAI CA 93024

WWW.OBGMA.COM
WATER WELL REGISTRATION AND VERIFICATION REQUEST
NO FEE REQUIRED

GENERAL INFORMATION

Ojai Basin Groundwater Management Agency (OBGMA or Agency) requires all groundwater extraction facilities within its jurisdictional boundaries to be registered with the Agency. No extraction facility may be operated or otherwise utilized so as to extract groundwater within the boundaries of the Agency unless the facility is registered with the Agency, equipped with a water meter, and all extractions are reported to the Agency as required by OBGMA Ordinance No. 8. In addition, pursuant to Governor Newsom's Executive Order N-3-23, Paragraph 4a, all non-exempt proposed new or modified extraction facilities located within the boundaries of the Ojai Valley Groundwater Basin (DWR Bulletin 118 Basin No. 4-002) require written verification from the Agency prior to issuance of a well permit by the Ventura County Watershed Protection District. The written verification must find that groundwater extraction by the proposed well would not be inconsistent with the Agency's Groundwater Sustainability Plan (GSP) for the Ojai Valley Groundwater Basin, and would not decrease the likelihood of achieving any of the sustainability goals the Agency has established for the Basin pursuant to the GSP.

ALL WELLS MUST HAVE A METER INSTALLED PER OBGMA ORDINANCE NO. 8

A. PROPERTY OWNER INFORMATION

NAME: _____
PROPERTY ADDRESS: _____
ASSESSOR'S PARCEL NUMBER: _____
PHONE NO.: _____
EMAIL: _____

B. OPERATOR INFORMATION (IF DIFFERENT FROM OWNER)

NAME: _____
ADDRESS: _____
PHONE NO.: _____
EMAIL: _____

C. TYPE OF WELL

<input type="checkbox"/>	NEW	EXISTING WELL NO.:	_____
<input type="checkbox"/>	REPLACEMENT	EXISTING WELL NO.:	_____
<input type="checkbox"/>	ALTERATION OF EXISTING WELL		

D. TYPE OF USE

<input type="checkbox"/>	IRRIGATION			
		<u>EXISTING OR</u>		
	<u>CROP TYPE</u>	<u>NEW?</u>	<u>ACREAGE</u>	<u>TYPE OF IRRIGATION SYSTEM</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
<input type="checkbox"/>	DOMESTIC	NO. OF HOUSING UNITS:	_____	
<input type="checkbox"/>	MUNICIPAL			
<input type="checkbox"/>	INDUSTRIAL	TYPE OF INDUSTRY:	_____	
<input type="checkbox"/>	MONITORING			



OJAI BASIN GROUNDWATER MANAGEMENT AGENCY

E. PROPOSED EXTRACTION

ACRE-FEET PER YEAR: _____

F. EXISTING WATER SUPPLY

NO OTHER SUPPLY
 EXISTING WELL WELL NO.: _____
 PUBLIC WATER SUPPLIER WATER AGENCY: _____

G WELL DRILLER

NAME: _____
 ADDRESS: _____
 PHONE NO.: _____
 EMAIL: _____

H. MAP REQUIREMENTS

Attach a map accurately plotted and show the location of the proposed well. If a replacement well, show location of existing well and distance to proposed well. Provide dimensions of area to be irrigated, indicating crop type for each area, as applicable. For domestic, municipal, or industrial, show the water distribution system and location of structures to be served. Include a north arrow, the Assessor's Parcel Number, and the nearest streets. No permit applications will be accepted without an adequate map.

I. APPLICANT SIGNATURE

By signing in the space below, the Applicant declares under penalty of perjury under the laws of the State of California that (1) the information provided with this form is true and correct, and (2) the Applicant/Owner/Operator of the proposed extraction facility agrees to comply with all Agency rules and regulations governing extraction facilities located within the boundaries of the Agency.

_____ Applicant _____ Date

A WELL COMPLETION REPORT MUST BE PROVIDED TO OBGMA WITHIN 30 DAYS OF COMPLETION

**WELL VERIFICATION
FOR AGENCY USE ONLY**

This Well Verification is provided pursuant to Executive Order N-3-23. If the box marked "Exempt" below is checked, it means the proposed well meets the criteria for exemption set forth in Executive Order N-3-23. If the box marked "Verified" below is checked, it means the Agency has found based on substantial evidence that groundwater extraction by the proposed well meets the requirements for well verification set forth in Executive Order N-3-23, Paragraph 4a, specifically that extraction by the proposed well would not be inconsistent with the sustainable groundwater management program established by the Agency in the GSP adopted for the Ojai Valley Groundwater Basin, and would not decrease the likelihood of achieving any of the sustainability goals for the Basin established by the Agency pursuant to the GSP. If the box marked "Denied" below is checked, it means substantial evidence does not support a finding the proposed well meets the requirements for well verification set forth in Executive Order N-3-23, Paragraph 4a.

<input type="checkbox"/> Verified	<input type="checkbox"/> Exempt	<input type="checkbox"/> Denied
State Well No. _____	<input type="checkbox"/>	Reasons: _____
OBGMA Well No. _____		
County Permit No. _____		
	Less than 2 AFY for domestic use Public water system Replaces existing well of equivalent quantity when existing well replaced due to eminent domain or under threat of condemnation	

BY: _____
General Manager

DATE: _____