

Section A – Incorrect Information on the Notification of New Extraction Allocations

Account Information

Enter requested corrections. Use the appropriate Agency form to register changes in Owner, Operator, Usage, or Well Status if not previously submitted.

Account Detail	Requested Correction
Owner	
Operator	
CombCode	
Usage Code	
DWR Groundwater Basin	
APN	
Well Status	

Reported Extractions

Identify any discrepancies you believe exist in the Agency’s records of extraction reporting for which you have a copy(ies) of submitted Semi-Annual Extraction Statement(s).

Reporting Period	Requested Correction
2005-1	
2005-2	
2006-1	
2006-2	
2007-1	
2007-2	
2008-1	
2008-2	
2009-1	
2009-2	
2010-1	
2010-2	
2011-1	
2011-2	
2012-1	
2012-2	
2013-1	
2013-2	
2014-1	
2014-2	

Section B – Allocation Transfer for Replacement Well

Use this section to identify a well(s) with reported extraction during the base period which was (were) replaced by the well identified on page 1 and subsequently destroyed. Attach supporting documentation.

SWN: ___ N ___ W _____

Date Replaced: _____

SWN: ___ N ___ W _____

Date Replaced: _____

Section C – Unreported Extractions

Identify semi-annual extraction periods which were not reported in accordance with Agency Ordinance Code for the well identified on page 1 which you desire to bring into compliance. Penalties and unpaid extraction fees will be due.

Reporting Period	Request Compliance
2005-1	<input type="checkbox"/>
2005-2	<input type="checkbox"/>
2006-1	<input type="checkbox"/>
2006-2	<input type="checkbox"/>
2007-1	<input type="checkbox"/>
2007-2	<input type="checkbox"/>
2008-1	<input type="checkbox"/>
2008-2	<input type="checkbox"/>
2009-1	<input type="checkbox"/>
2009-2	<input type="checkbox"/>
2010-1	<input type="checkbox"/>
2010-2	<input type="checkbox"/>
2011-1	<input type="checkbox"/>
2011-2	<input type="checkbox"/>
2012-1	<input type="checkbox"/>
2012-2	<input type="checkbox"/>
2013-1	<input type="checkbox"/>
2013-2	<input type="checkbox"/>
2014-1	<input type="checkbox"/>
2014-2	<input type="checkbox"/>

Section D – Variance Request

Provide a summary of the special circumstances or exceptional characteristics applicable to this well for which you wish to request a variance request in accordance with Article 9 of the Ordinance. Additional information and documentation may be required.

Certification

I declare under penalty of perjury under the laws of the State of California that I am the owner of the well identified on page 1 and the information contained in this application is true and correct. Must be signed by well owner.

Well Owner	
Business Name	
Print Name / Title	
Signature	Date
Address	
City / State / Zip	
Phone	
Email	

Well Operator	
Business Name (Enter "Same" if same as owner)	
Print Name / Title	
Signature	Date
Address	
City / State / Zip	
Phone	
Email	