

Sonoma Valley Groundwater Management Program Voluntary Groundwater Monitoring Program Informational Letter

On behalf of the Sonoma Valley Groundwater Basin Advisory Panel and the Sonoma County Water Agency (SCWA), we would like to thank you for your interest in the Sonoma Valley water-table level monitoring program. As you are aware, the objective of this voluntary program is to monitor water-table level elevations to better understand and help protect the groundwater resources of the Sonoma Valley. The water-table level monitoring program is an integral element of the Sonoma Valley Groundwater Management Program.

All of the existing wells actively monitored for a number of years by the City of Sonoma, Valley of the Moon Water District, and California Department of Water Resources, have been incorporated into the Sonoma Valley monitoring program. However, in order to more fully assess Sonoma Valley groundwater conditions and water level elevation trends, additional wells are needed to be added to the monitoring network.

Many individuals have expressed a desire to have their well included in the groundwater level monitoring program. Several factors, such as well location, depth, well construction information, access, and usage will be used to screen the wells to be selected for the program. In order to evaluate your well, we ask that you review and **fill out the attached well information form**, and return to the contact listed below.

If your well is selected, a representative from the Sonoma Valley Groundwater Management Program will contact you to collect any additional pertinent information and may at that time schedule an appointment with you to inspect your well.

Water levels in wells in the program will be measured twice a year, once in the fall and then again in the spring. Additionally, you will receive, on an annual basis, a report on the Sonoma Valley groundwater basin summarizing the results of the monitoring and progress on the groundwater management program. Private wells will be identified with a code to protect the privacy of well owners.

As you are probably aware, SCWA is a sponsoring partner in the Sonoma Valley Groundwater Management Program, as such SCWA is coordinating the monitoring and data collection activities. For a monitor to enter your property, a "Permit to Enter" agreement needs to be completed by the property owner and SCWA. A "**Permit to Enter**" is attached for your review and completion if you chose to participate. Please **fill out two copies** and return to me at the address below. A fully completed and signed original will be sent back to you.

Your efforts in helping the Sonoma Valley Basin Advisory Panel with this planned groundwater level monitoring program are greatly appreciated. If you have any questions about the monitoring program please contact Marcus Trotta at (707) 547-1978 or mtrotta@scwa.ca.gov.

Please send forms to:

Sonoma County Water Agency
Attn: Marcus Trotta
404 Aviation Blvd
Santa Rosa, CA 95403

**Sonoma Valley Groundwater Management Program
Volunteer Groundwater Level Monitoring**

Well Information

1. Date: _____
2. Well Owner's Name: _____
3. Mailing Address of Owner: _____

4. Well Physical Address: _____

5. Well use (please check all that apply)
 Residential (inside home) Residential irrigation
 Agricultural irrigation Commercial/Institutional or industrial areas
6. Name & address of water well driller:

 Don't know
7. Do you have a copy of the Water Well Drillers' Report. *If yes please attach a copy and skip questions 8 through 11.*
 yes no
8. Date well was drilled. Please estimate date if unknown and check estimated box.
_____ estimated
9. Total well depth
_____ feet Don't know
10. Location of perforations/well screen (holes to let water in the well)

11. Well Diameter
_____ inches Don't know
12. Well Usage
 Daily Seasonal Irrigation
 Not in use Other (please explain)

13. Pump Flow Rate (please check one) “gpm - gallons per minute”
- 1 - 5 gpm 5 - 25 gpm 25 - 100 gpm
- 100- 400 gpm greater than 400 gpm don't know

14. Depth of pump: _____ feet below ground surface don't know

15. Do you have any water level information for the well? (If yes, please attach copy of water level data): yes no

16. Do you have any water quality analysis of the well? (If yes, please attach copy of most recent report): yes no

17. Have you experienced any of the following problems with your well of groundwater?

- | | | | |
|---------------------------------|------------------------------|-----------------------------|-------------------------------------|
| a. Bad taste | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| b. Odor | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| c. Hard water deposits | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| d. Damage to plants | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| e. Rust stains | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| f. Black stains | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| g. Sand production | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| h. Well yield decrease/problems | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| i. Impacts from other wells | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |
| j. Other issues | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> don't know |

18. Please add any additional information that you think may be helpful in the monitoring well program (attach additional sheet if necessary).

19. The California Department of Water Resources maintains the water well drillers report required by state law. These records may be very important to the groundwater level monitoring as they contain useful information about the geology, groundwater level, and water well construction. This information cannot be released without your approval. Please consider signing this release form so that information specific to the geology, groundwater level and well construction information can used strictly for this program. All owner identification information including name, address etc., will be maintained confidentially.

Well Owner's Signature*

Date

*Please return the form even if you decide not to provide a signature of release of well information.

**Sonoma Valley Groundwater Management Program
Volunteer Groundwater Monitoring Program
Permit To Enter**

_____ (Property Owner), herein called "Grantor", permits the Sonoma County Water Agency, herein called "Agency", its agents, contractors or assigns, to enter upon that property located at _____ (property address) and identified by the Sonoma County Assessor as parcel number(s) _____ (APN).

Entry to the above-referenced parcel will be for the purpose of performing non-disturbing well water elevation measurements on Grantor's property. All wells selected for the program will be measured twice a year, once in the fall and then again in the spring. During the term of this Permit to Enter, Grantor shall notify Agency of any pending transfer of this property within a reasonable time period prior to said transfer.

Agency shall indemnify and defend (with counsel reasonable acceptable to Grantor) and hold Grantor harmless from and against any and all claims, damages, costs, liabilities, losses, and expenses (including reasonable attorneys' fees) arising out of any entry by Agency or its agents or contractors; provided, however, that Agency shall have no obligation hereunder to the extent the claim, liability, or expense arises from the negligence or willful misconduct of Grantor.

Agency shall notify Grantor 48 hours prior to entering Grantor's property.

This Permit to Enter shall terminate on July 31, 2018.

GRANTOR'S APPROVAL:

By: _____

Who by his/her signature herein above represents that he/she has been duly vested with authority to sign this instrument on behalf of all owners of record for the subject property.

DATE: _____

PRINT NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER(S): _____

GENERAL MANAGER/CHIEF ENGINEER'S ACCEPTANCE:

_____ Date: _____
Grant Davis - General Manager
Sonoma County Water Agency