



Voluntary Groundwater Level Measurement Program Informational Letter

On behalf of the Santa Rosa Plain Watershed Groundwater Management Program Basin Advisory Panel (Panel) and the Sonoma County Water Agency (SCWA), we would like to thank you for your interest in the groundwater level measurement program. Attached are informational materials on the program and forms requesting information on your well.

The objective of this voluntary program is to monitor groundwater level elevations to better understand and help protect the groundwater resources of the Santa Rosa Plain Watershed. Measuring groundwater levels is an integral element of the Santa Rosa Plain Watershed Groundwater Management Program. This program does not involve the measurement of groundwater pumping or use, only the measurement of groundwater levels within wells.

Many wells have been measured for a number of years by the cities of Cotati, Rohnert Park, Santa Rosa, Sebastopol, the Town of Windsor, and the California Department of Water Resources and others, have been incorporated into the Santa Rosa Plain Watershed monitoring program. Additional wells are needed to more fully assess groundwater conditions and water level elevation trends in the Santa Rosa Plain Watershed.

Many individuals have expressed a desire to have their well included in the groundwater level measuring program. Several factors, such as well location, depth, well construction information, access, and frequency of use will be used to screen wells, which may then be selected to participate in the program. In order to evaluate the potential for your well to be included in the network, we ask that you read and **fill out the attached well information form with available information you have**, and return to the contact listed below.

If your well is selected, a representative from the Santa Rosa Plain Watershed 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. Private wells will be identified with a code to protect the privacy of well owners.

Water levels of wells in the network will be measured at least twice a year, once in the fall and then again in the spring. You will receive a report of each groundwater measurement on your well. You will also receive an annual report summarizing groundwater level measurement results and overall progress of the Santa Rosa Plain Watershed Groundwater Management Program. More frequent measurements may be requested for some wells.

For trained personnel to enter your property to measure groundwater levels, a "Permit to Enter" agreement needs to be completed by the property owner and the entity collecting the measurements, which could include SCWA or other local organization. If you choose to participate a "**Permit to Enter**" form will be provided by the entity collecting the measurements for your review and signature.

The Santa Rosa Plain Watershed Groundwater Management Program Basin Advisory Panel greatly appreciates your contribution to this planned groundwater level measuring program. If you have any questions about the program please contact SCWA Program Manager 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

v09212015

**Santa Rosa Plain Watershed Groundwater Management Program
Voluntary Groundwater Level Measurement
Well Information**

1. Well Owner's Name: _____ Date _____

2. Mailing Address of Owner: _____

3. Well Physical Address: _____

4. Other well location information and source _____

(ex Lat Lon from GPS, Parcel Map ID, hand drawn map – please attach)

5. Well use (please check all that apply) Residential (potable supply) Residential irrigation
 Agricultural irrigation Commercial/Institutional or industrial areas Not in use
 Other (please explain) _____

6. Name of Water Well Driller or maintenance contractor, date last visited and contact info if known

or Don't know

7. Do you have a copy of the Water Well Drillers' Report. yes no

If yes please attach a copy and skip questions 8 through 11. If you do not have a copy, Sonoma County Water Agency will contact the California Department of Water Resources and obtain a copy of the Well Drillers' Report and provide a copy to you.

8. Date well was drilled. Please estimate date if unknown and check estimated box.

_____ estimated

9. Total well depth _____ feet or Don't know

10. Location of perforations/well screen (holes to let water in the well)

11. Well Diameter _____ inches or Don't know

12. Pump Flow Rate (please check one) 1 - 5 gpm 5 - 25 gpm 25 - 100 gpm 100- 400 gpm

greater than 400 gpm don't know “gpm – gallons per minute”

13. Type of well pump : submersible above ground or don't know -

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

15. Do you have any water level information for the well? yes no

(If yes, please attach copy of water level data):

16. Do you have any water quality analysis results for the well? yes no

(If yes, please attach copy of most recent report)

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 database (attach additional sheet if necessary).

**Santa Rosa Plain Watershed Groundwater Management Program
Voluntary Groundwater Level Measurement Program
Permit to Enter**

_____ (Property Owner), herein called "Grantor", permits the Blank-Blank Entity, herein called "**Entity**", 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 groundwater level 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 **Entity** of any pending transfer of this property within a reasonable time period prior to said transfer.

Entity 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 **Entity** or its agents or contractors; provided, however, that **Entity** 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 December 31, 2024.

GRANTOR'S APPROVAL:

By: _____ Date: _____

Printed Name: _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

BLANK-BLANK ENTITY MANAGER ACCEPTANCE:

By: _____ Date: _____