

REPORT OF ABNORMAL GROUNDWATER LEVEL

Glenn County Ground Water Technical Advisory Committee
P.O. Box 351, Willows, CA 95988
(530) 934-6501

In accordance with Chapter 20.03 of the Glenn County Code, the following report is submitted:

REPORTED BY: (Name) _____ TELEPHONE NUMBER: _____

ADDRESS or P.O. Box No.: _____ CITY: _____ STATE: _____ ZIP: _____

Well Location: Sec. _____ Rng. _____ Twp. _____

Distance and direction to nearest road(s): _____

Basin Management sub-area: _____

Depth to water: _____ Date measured: _____ Static Measurement: YES ___ NO ___

Depth of well: _____ Size and type of casing: _____

Gallons per minute: _____ Percentage of change in gallons per minute: _____

Give a brief description of the problem: _____

I give the Committee authorization to review my well log and run necessary well tests. YES ___ NO ___

I declare under penalty of perjury that the above is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____