

DRAFT GROUNDWATER SUSTAINABILITY AGENCY COMPLIANCE WITH EXECUTIVE ORDER N-7-22

Pursuant to Executive Order N-7-22, the XXXX (GSA) provides the following acknowledgment, which if executed by a well applicant, would allow the GSA to conclude that the water well permit would not be inconsistent with the existing groundwater management plan.

ACKNOWLEDGMENT

_____ I acknowledge that the Sustainable Groundwater Management Act requires that a groundwater sustainability agency (GSA) manage groundwater in the Kern Subbasin and the XXXX GSA is the agency with groundwater management authority over the land subject to Water Well Permit # xxx.

_____ I acknowledge that the GSA has the authority to limit extractions within its jurisdiction including extractions from any well permitted pursuant to Water Well Permit #XXXX.

_____ I acknowledge that a well permit issued by the County does not guarantee the extraction of any specific amount of water now or in the future.

_____ I acknowledge that the GSA includes specific groundwater requirements through minimum thresholds and measurable objectives and agree that my groundwater use will comply with these requirements.

_____ I acknowledge the GSA cannot guarantee the maintenance of any defined water level or level of water quality in the Kern subbasin.

_____ I acknowledge the GSA is not responsible for or otherwise liable for any costs, investments or payments related to any groundwater well permitted pursuant to water well permit #xxxx, including pumping fees, extraction limits, costs related to well failure, well deepening, increased maintenance, replacement, or operational costs.

_____ I agree to hold the GSA harmless and indemnify the GSA for any liability stemming from or related to the County issuing a well permit in response to Water Well Permit #xxx.

By acknowledging and initialing the above provisions, [WELL APPLICANT] agrees the above ACKNOWLEDGMENT will be incorporated into the terms and conditions of any water well permit issued pursuant to Water Well Permit #xxxx.

Name of WELL APPLICANT

Date

Signature of GSA