



QUARTERLY INVESTMENTS  
REPORT

PREPARED FOR THE FIRST QUARTER  
ENDING MAY 31, 2022

# **DEL PUERTO WATER DISTRICT**

## **Statement of Compliance of Investment Policy As of the First Quarter Ended May 31, 2022**

The Del Puerto Water District is operating in compliance with the investment policy adopted by the Board of Directors. The District believes the market valuation represents the District's best available information and fairly represents the value of the portfolio.

The District's goal is to enhance its economic status while protecting its funds. The District is continuously analyzing and fine-tuning the investment mix. With safety of the portfolio the top priority, a diverse mix is maintained. Management invests with the intent and capacity to hold all securities to maturity. The portfolio is managed to ensure that scheduled cash needs, as well as extraordinary cash needs are met. Adequate liquidity is maintained to ensure un-foreseen cash requirements. Investments and deposits are made in such a way as to maximize return consistent with safe and prudent treasury management.

## **Statement of the Ability of the Del Puerto Water District To Meet Six Month Cash Demands**

The Treasurer of Del Puerto Water District attempts to maintain adequate liquid funds to meet ordinary and extraordinary cash needs at all times. The Treasurer reports that absent any extraordinary circumstances, there exists adequate reserves and cash on hand to sufficiently meet normal budgetary requirements for the next six months.

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# DEL PUERTO WATER DISTRICT

## Quarterly Report of Investments Summary for the First Quarter Ending May 31, 2022

### Bank Accounts:

	Bal @ 02/28/22		Bal @ 05/31/22	
Oak Valley Community Bank, Patterson				
Checking/General Fund	\$83,832.54		\$55,636.63	
Checking/SWP Program	\$41,699.36		\$29,056.05	
Checking/RWSP-NVRRWP Program	\$5,092.40		\$5,092.52	
Checking/RWSP-CNRA Program	\$5,529.19		\$5,529.34	
Savings/General Fund	\$1,798,548.82		\$1,203,889.96	
Petty Cash/Housebank	\$300.00		\$300.00	
Total Cash Funds	\$1,935,002.31	3.3%	\$1,299,504.50	2.2%

### Other Investments:

Granite Wealth Mgmt for LPL Financial, Modesto, California*				
Money Market	\$5,637,067.76	9.5%	\$7,766,111.90	13.2%
Certificate of Deposit	\$19,970,547.37	33.6%	\$16,684,907.14	28.4%
Local/Municipal/Corporate Bonds	\$27,807,468.60	46.8%	\$29,860,012.20	50.8%
Government Securities	\$2,918,448.40	4.9%	\$2,050,604.80	3.5%
Total Estimated Portfolio Value at LPL Financial	\$56,333,532.13		\$56,361,636.04	
Oak Valley Community Bank - SWPP CD	\$102,657.97	0.2%	\$102,786.01	0.2%
Oak Valley Community Bank - NVRRWP CD	\$1,000,084.93	1.7%	\$1,000,206.86	1.7%
Total Funds Liquid and Invested	\$59,371,277.34	100.0%	\$58,764,133.41	100.0%

\* See following Detailed Quarterly Report of LPL Financial Investments

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**Del Puerto Water District**  
Detailed Quarterly Report for Investments Held at LPL Financial  
as of May 31, 2022

**Detail of Portfolio:**

**Market Value**  
**5/31/2022**

**Certificate of Deposit - Rate Stabilization Fund**

#3156-9782

Third Fedl S&L Assn OH CD	3.1000%	Sep-22	\$251,464.25
Barclays Bank DE CD	2.3000%	Oct-22	\$251,190.50
Weighted Average Earnings	2.7002%		\$502,654.75

**Certificate of Deposit - RWSP/NVRRWP Fund**

#2988-1894

Lakeland Bank NJ CD	0.2500%	Jun-22	\$249,975.25
Pinnacle Bank AL CD	0.2500%	Jun-22	\$249,927.00
1st Security Bank of WA CD	0.2000%	Jun-22	\$249,908.75
Citizens Alliance Bank MD CD	0.2500%	Jun-22	\$249,918.50
First Indpt Bank MN CD	0.2000%	Jul-22	\$249,899.50
American Express Natl Bank CD	3.1500%	Jul-22	\$250,687.00
Crossfirst Bank Leawood KS CD	2.0500%	Aug-22	\$248,654.96
CIT Bank NA Pasadena CA CD	1.9500%	Aug-22	\$240,635.76
Medallion Bank Salt Lake City UT CD	1.8500%	Aug-22	\$246,570.22
Fall River Five Cents SB Fall River MA CD	2.1500%	Nov-22	\$249,127.16
Enerbank USA UT CD	0.1000%	Dec-22	\$248,213.75
Luana Svgs Bank Luana IA CD	1.6000%	Jan-23	\$250,263.00
Marlin Business Bank Salt Lake City UT CD	1.6500%	Jan-23	\$250,334.00
Merrick Bank South Jordan UT CD	1.7000%	Jan-23	\$250,405.75
Unity Bank Clinton NJ CD	1.6500%	Jan-23	\$250,304.50
TCM Bank NA FL CD	0.1500%	Jan-23	\$247,354.75
Signature Bank NA Toledo OH CD	2.8500%	Feb-23	\$252,256.25
Industrial&Coml BK China NY CD	2.6500%	Feb-23	\$100,758.90
Northstar Bank MI CD	1.0500%	Apr-23	\$248,338.25
West Michigan Cmnty Bank MI CD	1.0500%	Apr-23	\$248,338.25
Sallie Mae Bank UT CD	1.4000%	Apr-23	\$229,117.95
Goldman Sachs Bank USA NY CD	2.9500%	Apr-23	\$252,403.50
Ann Arbor State Bank CD*	2.7500%	Apr-23	\$251,985.00
BMW Bank of North America CD	3.0000%	Apr-23	\$252,510.25
Capital One NA VA CD	1.3500%	Apr-23	\$149,307.45
Commerce Bank MN CD	1.0500%	Apr-23	\$248,094.25
First Natl Bank TX CD	0.5500%	May-23	\$246,436.25
Peoples Bank of GA CD	0.3000%	Jun-23	\$245,361.75
BMO Harris Bank NA IL CD	0.6000%	Jun-23	\$110,167.04
Discover Bank DE CD	3.3000%	Jun-23	\$101,259.50
Hingham Instn for Svgs MA CD	0.2000%	Jun-23	\$244,935.75
Prospect Bank IL CD	0.3000%	Jun-23	\$245,361.75
Bankwell Bank CT CD	0.4000%	Jul-23	\$244,932.50
Texas Exchange Bank SSB TX CD	0.7000%	Jun-24	\$239,810.25
Stockman Bank of MT CD	0.5000%	Jun-24	\$238,412.50
Morton Cmnty Bank IL CD	0.5000%	Jun-24	\$238,258.00
Kennett Trust Bank MO CD	0.4500%	Jun-24	\$238,258.75
Continental Bank UT CD	0.5000%	Jun-24	\$238,115.75
Bank Princeton NJ CD	0.5000%	Jun-24	\$238,094.00
Southern Bancorp Bank AR CD	0.5000%	Oct-24	\$235,840.25
Nebraskaland Natl Bank NE CD	1.2000%	Apr-25	\$237,061.25
Center State Bank FL CD	1.0000%	Apr-25	\$235,516.50
State Bank of India NY CD	1.0500%	Jun-25	\$235,218.75
Independence Bank of KY CD	0.6000%	Jun-25	\$231,914.75
Peoples Exchange Bank AL CD	0.6000%	Jun-25	\$231,861.25
Caldwell B&T Co LA CD	0.5500%	Jun-25	\$231,287.25
High Plains Bank CO CD	0.5000%	Jun-25	\$230,943.00
Partners Bank Helena AR CD	0.6000%	Jun-25	\$231,676.75
Discover Bank DE CD	2.1500%	May-26	\$139,517.11
Weighted Average Earnings	1.1190%		\$11,325,530.55

**Certificate of Deposit - RWSP/CNRA Fund**

#2350-9015

Flagstar Bank FSB	2.5000%	Jun-22	\$250,174.75
Allegiance Bank Houston TX CD	2.1500%	Sep-22	\$248,956.04
Wells Fargo Natl Bk West NV CD	1.9000%	Jan-23	\$50,132.55
Bankunitied NA FL CD	0.1500%	Feb-23	\$246,888.00
Haddon Svgs Bank NJ CD	0.1000%	Apr-23	\$246,221.25
First Natl Bank ME CD	2.8000%	May-23	\$246,968.08
KS Statebank KS CD	2.3000%	May-23	\$245,757.29
Comenity Capital Bank UT CD	3.2500%	Jun-23	\$250,988.15
RCB Bank OK CD	3.1500%	Jun-23	\$247,705.04
First Carolina Bank NC CD	0.3500%	Jun-23	\$245,371.50
WEX Bank UT CD	0.2500%	Jun-23	\$244,050.12
Bankers Bank of KS CD	0.2000%	Jul-23	\$244,158.00
Trans Alliance Bank Inc UT CD	0.2500%	Jul-23	\$244,451.50
Cmnty West Bank NA CA CD	0.2000%	Aug-23	\$244,109.25
Citibank NA SD CD	3.4000%	Jan-24	\$233,068.66
Wells Fargo Bank NA SD CD	3.2000%	Jan-24	\$202,033.20

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**Del Puerto Water District**  
Detailed Quarterly Report for Investments Held at LPL Financial  
as of May 31, 2022

GE Capital Retail Bank UT CD	3.3000%	Mar-24	\$212,094.96	
Bank of New England CD	2.6000%	May-24	\$248,863.50	
Capital One Bank USA VA CD	2.6500%	May-24	\$248,949.00	
State Bank of India IL CD	0.5000%	Jan-26	\$227,381.50	
Toyota Finl Svgs Bank NV CD	0.9500%	Jul-26	\$228,399.50	
Weighted Average Earnings	1.6991%		\$4,856,721.84	
			<b>Total CD Investments</b>	<b>\$16,684,907.14</b>

<b>Municipal Bonds - Rate Stabilization Fund</b>		#3156-9782	
West Contra Costa Uni Sch Dist Rev Rfdg B/E Txbi	0.2060%	Aug-22	\$497,590.00
Weighted Average Earnings	0.2060%		\$497,590.00

<b>Local/Municipal/Corporate Bonds -RWSP/NVRRWP Fund</b>		#2988-1894	
SLDMWA CA Rfdg DHCCP Rev B/E Txbi	0.6200%	Mar-23	\$192,252.45
Port Oakland Rev Rfdg B/E Txbi	0.8210%	May-23	\$206,089.80
University CA Rev Gen B/E Txbi	2.7500%	May-23	\$200,234.00
Orange CA Pension Oblig Rev B/E Txbi	0.3910%	Jun-23	\$239,884.40
Desert CA Cmnty Clig Dist Rfdg B/E Txbi	0.4580%	Aug-23	\$97,236.00
Liberty CA Un High Sch Dist Rfdg B/E Txbi	0.4090%	Aug-23	\$141,375.00
State Center CA Cmnty Clig Dist Rfdg B/E Txbi	0.6000%	Aug-23	\$151,100.20
West Contra Costa Uni Sch Dist Rev Rfdg B/E Txbi	0.2760%	Aug-23	\$484,685.00
California St Dept Veteran Affairs Rev B/E Txbi	0.3840%	Dec-23	\$481,075.00
Santa Paula CA Util Auth Wstwr Rev B/E Txbi	1.0580%	Feb-24	\$96,772.00
San Jose CA Arpt Rfdg Rev B/E Txbi	0.6500%	Mar-24	\$238,867.50
Bay Area Toll Auth Rev Txbi B/E	2.2540%	Apr-24	\$744,465.00
Gardena CA Pension Oblig. Rev. B/E	1.5020%	Apr-24	\$484,565.00
Beverly Hills CA Pub Fin Auth Rev Rfdg B/E Txbi	0.7300%	Jun-24	\$190,248.00
San Francisco Cmnty Clig Dist Ser A1 B/E Txbi	0.8160%	Jun-24	\$277,260.30
Coachella CA Pension Oblig. Rev. B/E	1.3840%	Jul-24	\$100,206.75
Fremont CA Uni Sch Dist Alameda Cty Rfdg B/E T	0.4740%	Aug-24	\$239,641.35
Fresno CA Uni Sch Dist Rfdg B/E Txbi	0.7190%	Aug-24	\$330,718.50
San Joaquin Delta Cmnty Clig Dist B/E Txbi	0.5850%	Aug-24	\$473,995.00
Santa Clarita Clig Dist B/E Txbi	2.1020%	Aug-24	\$117,235.20
Santa Rosa CA Regl Res Auth Rev Txbi Fixed	2.7500%	Aug-24	\$123,788.75
Sonoma Cnty Jr Clig Dist Rfdg B/E Txbi	2.0610%	Aug-24	\$112,581.55
Yosemite CA Cmnty Clig Dist Rfdg B/E Txbi	0.8040%	Aug-24	\$90,115.10
Rancho Santiago CA Cmnty Clig Dist Rfdg B/E Txl	0.6340%	Sep-24	\$113,611.20
Sacramento CA Wstwr Rfdg Rev B/E Txbi	0.9580%	Sep-24	\$137,725.35
San Jose CA LIBR Rfdg Rev B/E Txbi	2.3000%	Sep-24	\$221,346.00
California St Univ Rev Syswide Ser B B/E Txbi	3.4060%	Nov-24	\$196,540.50
California St Univ Rev Syswide Ser B B/E Txbi	3.2720%	Nov-24	\$50,240.50
El Dorado CA Irr Dist Rev Rfdg B/E Txbi	3.2440%	Jan-25	\$347,886.00
Gardena CA Pension Oblig. Rev. B/E	1.7020%	Apr-25	\$404,757.25
Santa Clara Vly CA Rev Rfdg B/E Txbi	0.7920%	Apr-25	\$348,787.50
University CA Genl Rev B/E Txbi	0.8830%	May-25	\$162,578.50
Chabot Las Positas Cmnty Clig Dist Rfdg B/E Txbi	0.8800%	Aug-25	\$191,359.30
Citrus CA Cmnty Clig Dist Rfdg B/E Txbi	0.8190%	Aug-25	\$371,360.00
Napa Vly Ca Uni Sch Dist Rfdg B/E Txbi	0.8940%	Aug-25	\$232,310.00
San Benito High Sch Dist Rfdg B/E Txbi	1.0030%	Aug-25	\$200,233.80
San Jose Evergreen CA Cmnty Clig Dist Rfdg B/E T	0.9210%	Sep-25	\$462,090.00
California St Univ Rev Syswide Ser B B/E Txbi	0.8620%	Nov-25	\$460,870.00
California St Dept Res Cent Vly Rev B/E Txbi	0.7900%	Dec-25	\$355,763.10
California St Various Purp B/E Txbi	2.6500%	Apr-26	\$220,065.75
El Segundo CA Pension Oblig Rev B/E Txbi	1.2320%	Jul-26	\$225,527.50
San Joaquin Delta Cmnty Clig Dist Rfdg B/E Txbi	1.1330%	Aug-26	\$114,338.75
Weighted Average Earnings	1.2125%		\$10,631,782.85

<b>Local/Municipal/Corporate Bonds -RWSP/CNRA Fund</b>		#2350-9015	
Oxnard CA Sch Dist Rfdg B/E Txbi	0.5870%	Aug-22	\$249,030.00
Palm Springs Ca Uni Sch Rfdg GO Bds BE/Txbi	0.4890%	Aug-22	\$249,565.00
Vacaville CA Uni Sch Rfdg B/E Txbi	0.5530%	Aug-22	\$199,718.00
Vista Uni Sch Dist Rfdg B/E Txbi	0.2870%	Aug-22	\$199,632.00
San Francisco CA CPUC Wtr Rev Txbi	2.6190%	Nov-22	\$174,956.25
California ST DWRCV Rev Txbi	0.3490%	Dec-22	\$396,860.00
SLDMWA CA Rfdg DHCCP Rev B/E Txbi	0.6200%	Mar-23	\$187,322.90
PEPSICO Inc SR Note	0.7500%	May-23	\$493,380.00
Port Oakland CA Rev B/E Txbi	0.8210%	May-23	\$132,486.30
University CA Rev Gen B/E Txbi	2.7500%	May-23	\$200,234.00
Orange CA Pension Oblig Rev B/E Txbi	0.3910%	Jun-23	\$244,780.00
Tustin CA Uni Sch Dist Rfdg B/E Txbi 0.257%	0.2570%	Aug-23	\$296,222.10
Folsom Sch Dist Rfdg B/E Txbi	3.0000%	Oct-23	\$320,873.60
Sacramento Cnty Santa Dist Rev B/E Txbi	0.7590%	Dec-23	\$310,835.20
Santa Paula CA Util Auth Wstwr Rev B/E Txbi	1.0580%	Feb-24	\$96,772.00

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**Del Puerto Water District**  
**Detailed Quarterly Report for Investments Held at LPL Financial**  
as of May 31, 2022

Bay Area Toll Auth Rev Txbl B/E	2.2540%	Apr-24	\$744,465.00	
El Cajon Pension Oblig. Rev. B/E	0.9270%	Apr-24	\$238,215.00	
Gardena CA Pension Oblig. Rev. B/E	1.5020%	Apr-24	\$484,565.00	
Toyota Motor Credit Corp Note	2.9000%	Apr-24	\$500,146.50	
University CA Rev Gen BE Txbl	2.4390%	May-24	\$98,661.00	
University CA Rev Gen BE Txbl	2.9000%	May-24	\$298,650.00	
Beverly Hills CA Pub Fin Auth Rev Rfdg B/E Txbl	0.7300%	Jun-24	\$190,248.00	
San Francisco Cmnty Clig Dist Ser A1 B/E Txbl	0.8160%	Jun-24	\$282,040.65	
Coachella CA Pension Oblig. Rev. B/E	1.3840%	Jul-24	\$100,206.75	
Sequoia CA Un High Sch Rfdg B/E Txbl	1.6650%	Jul-24	\$242,327.50	
Southern CA Pub Pwr Auth Rev Txbl	0.7330%	Jul-24	\$268,802.75	
Southern CA Pub Pwr Auth Rev Txbl	0.7330%	Jul-24	\$171,282.60	
Castro Valley CA Uni Sch Rfdg B/E Txbl	0.7000%	Aug-24	\$475,835.00	
Fontana CA Uni Sch Dist Rfdg B/E Txbl	0.8400%	Aug-24	\$497,227.50	
Fresno CA Uni Sch Dist Rfdg B/E Txbl	0.7190%	Aug-24	\$330,718.50	
Ohlone CA Cmnty Clig Rfdg B/E Txbl	1.8140%	Aug-24	\$472,710.10	
Ontario CA Wtr Rfdg B/E Txbl	0.9780%	Aug-24	\$382,244.00	
San Juan CA Uni Sch Rfdg B/E Txbl	0.7020%	Aug-24	\$475,080.00	
Sonoma Cnty Ca Jr Clig Dist Rfdg B/E Txbl	2.0610%	Aug-24	\$112,581.55	
Yosemite CA Cmnty Clig Dist Rfdg B/E Txbl	0.8040%	Aug-24	\$90,115.10	
Rancho Santiago CA Cmnty Clig Dist Rfdg B/E Txbl	0.6340%	Sep-24	\$473,380.00	
Suisun Solano CA Wtr Auth Rev Rfdg B/E Txbl	0.6700%	Sep-24	\$263,172.00	
California St Univ Rev Syswide Ser B B/E Txbl	3.2720%	Nov-24	\$50,240.50	
El Dorado CA Ltr Dist Rev Rfdg B/E Txbl	3.2440%	Jan-25	\$347,886.00	
San Francisco CA Mun Transn Rfdg B/E Txbl	0.6540%	Mar-25	\$232,880.00	
California St Rev Txbl B/E	3.3750%	Apr-25	\$518,584.40	
California St Various Purp B/E Txbl	2.6500%	Apr-25	\$308,092.05	
Gardena CA Pension Oblig. Rev. B/E	1.7020%	Apr-25	\$404,757.25	
San Diego Cnty Regl Transn Rev B/E Txbl	2.0850%	Apr-25	\$476,069.30	
Apple Inc Note	1.1250%	May-25	\$476,025.50	
U S Bancorp Medium Term Note	1.4500%	May-25	\$475,334.50	
University CA Rev Gen BE Txbl	0.8830%	May-25	\$464,510.00	
Pfizer Inc Note	0.8000%	May-25	\$470,588.50	
California Infra & Econ Rev B/E Txbl	1.2750%	Jul-25	\$233,505.00	
Napa Vly CA Uni Sch Dist Rfdg B/E Txbl	0.8940%	Aug-25	\$232,310.00	
Cucamonga Vly CA Wtr Water Rev Rfdg A B/E Tx	0.9900%	Sep-25	\$372,348.00	
Johnson & Johnson Note	0.5500%	Sep-25	\$466,147.50	
Modesto CA Wstwr Rev Rfdg B/E Txbl	0.9850%	Nov-25	\$170,836.40	
Caterpillar Finl Svcs Note	0.8000%	Nov-25	\$460,384.50	
Bank America Corp Sr Note	0.6500%	Dec-25	\$441,589.50	
West Stanislaus CA Rev Rfdg B/E Txbl	1.2800%	Jan-26	\$461,815.00	
SLDMWA Rev OM&R B/E	1.2600%	Mar-26	\$218,781.60	
El Segundo CA Pension Oblig Rev B/E Txbl	1.2320%	Jul-26	\$225,527.50	
Cucamonga Vly CA Wtr Water Rev Rfdg A B/E Tx	3.5500%	Sep-26	\$277,084.50	
Weighted Average Earnings	1.3449%		\$18,730,639.35	
			<b>Total Municipal Bond Investments</b>	<b>\$29,860,012.20</b>
<b>Government Securities - RWSP/NVRRWP Fund</b>	<b>#2988-1894</b>			
Fedl Home Loan Mtg Corp Note	0.5000%	Jun-24	\$479,764.00	
Fedl Farm Credit Bank MN Bond	0.6800%	Jun-25	\$469,488.00	
Weighted Average Earnings	0.5890%		\$949,252.00	
<b>Government Securities - RWSP/CNRA Fund</b>	<b>#2350-9015</b>			
Fedl Home Loan Bank Bond Step	0.4000%	Feb-26	\$871,951.80	
Fedl Home Loan Bank Bond Step	0.5500%	Jul-26	\$229,401.00	
Weighted Average Earnings	0.4312%		\$1,101,352.80	
			<b>Total Gov't Sec. Investments</b>	<b>\$2,050,604.80</b>
<b>Total All Non-Money Market Investments-Without RWSP/NVRRWP &amp; RWSP/CNRA</b>	<b>1.4594%</b>			<b>\$1,000,244.75</b>
<b>Total All Non-Money Market Investments</b>	<b>1.2376%</b>			<b>\$48,595,524.14</b>
<b>Insured Cash Account - General Fund</b>	<b>0.100%</b>			<b>\$752,906.98</b>
<b>Money Mkt Funds - General Fund</b>	<b>0.260%</b>			<b>\$3,255,348.49</b>
<b>Insured Cash Account - Rate Stab. Fund</b>	<b>0.100%</b>			<b>\$308,030.88</b>
<b>Money Mkt Funds - Rate Stab. Fund</b>	<b>0.260%</b>			<b>\$1,851,589.50</b>
<b>Insured Cash Account - CVP Capital Fund</b>	<b>0.100%</b>			<b>\$2,713.68</b>
<b>Money Mkt Funds - CVP Capital Fund</b>	<b>0.260%</b>			<b>\$0.00</b>
<b>Insured Cash Account - RWSP/NVRRWP Fund</b>	<b>0.100%</b>			<b>\$639,367.18</b>
<b>Money Mkt Funds - RWSP/NVRRWP Fund</b>	<b>0.260%</b>			<b>\$0.00</b>
<b>Insured Cash Account - RWSP/CNRA Fund</b>	<b>0.100%</b>			<b>\$477,374.71</b>
<b>Money Mkt Funds - RWSP/NVRRWP Fund</b>	<b>0.260%</b>			<b>\$478,780.48</b>
	<b>0.215%</b>			<b>\$7,766,111.90</b>
<b>Total LPL Investments</b>	<b>1.0967%</b>			<b>\$56,361,636.04</b>

Total Estimated Value is the approximate value of the assets held at LPL Investments & outside companies at the date shown on the attached statement copies.  
It is estimated as the prices used to value your securities are provided by an outside service and do not always represent the exact market price.  
LPL Financial does not guarantee the accuracy of such values.

Values for many fixed-income securities are estimates based on coupon rate and credit rating and may not represent the actual transaction price. Values do not include received interest or dividends and for some investments do not reflect applicable charges and fees.

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RESOLUTION  
CORPORATION



**BUSINESS ENTITY NAME AND ADDRESS**

DEL PUERTO WATER DISTRICT CONTRACT CONVERSION  
REVENUE FUND  
17840 WARD AVE  
PATTERSON, CA 95363

**This Resolution supersedes all previous Resolutions, effective March 22, 2022.**

DATE OF RESOLUTION	ACCOUNT NUMBER	Tax Identification Number
March 22, 2022	Review Authority/Code Limitation Details	XX-XXX8972

By signing below, I certify to OAK VALLEY COMMUNITY BANK ("Financial Institution") that: I am the Certifier of the above named for profit Corporation ("Corporation"), validly organized and operating under the laws of the State of California; the following is a true and complete copy of the Resolution, properly adopted at a duly called meeting held on March 22, 2022 by a quorum of the Corporation's Board of Directors in accordance with the By-Laws of the Corporation, if any; this Resolution is contained in the minutes of that meeting and that such Resolution is still in force and effect and has not been amended or rescinded, and was and still is in accordance with the By-Laws of the Corporation, if any; the Financial Institution has been provided a true and complete copy of the Articles or Certificate of Incorporation and the By-Laws of the Corporation, if any, as in effect as of the date of this Resolution; provided below are the correct names, titles, and genuine signatures of the persons authorized to exercise the powers provided in the Resolution ("Authorized Signers"); and the Financial Institution may rely upon my certification as to my authority to execute this Resolution and to make the representations in this Resolution.

**IT IS RESOLVED:**

**The Authorized Signers shall possess the powers indicated as contained in this Resolution.**

**DEPOSITORY ACCOUNT.** Perform the following activities in regards to the depository account(s) indicated above in the name of the Corporation, subject to any terms and conditions governing the account(s), including:

- **Account Opening and Maintenance.** Open and maintain the Corporation account(s).  
Number of signers required: 01
- **Make Deposits.** Make deposits to the Corporation account(s).  
Number of signers required: 01
- **Endorsements.** Endorse for negotiation, negotiate, and receive the proceeds of any negotiable instrument, check, draft, or order for the payment of money payable to or belonging to the Corporation, by writing, stamp, or other means permitted by this Resolution without the designation of the person endorsing.  
Number of signers required: 01
- **Make withdrawals.** Make withdrawals from the Corporation account(s) in any manner permitted by the account(s) regardless whether such action will create or increase an overdraft of the involved account.  
Number of signers required: 01
- **Transfer Funds.** Transfer funds from the Corporation account(s) in Financial Institution to any account whether or not held at this Financial Institution and whether or not held by this Corporation and execute any agreements related to such transfers.  
Number of signers required: 01
- **Approve, Endorse, Guarantee and Identify Payees.** Approve, endorse, guarantee, and identify the endorsement of any payee or any endorser of any negotiable instrument, check, draft, or order for the payment of money whether drawn by the Corporation or anyone else and guarantee the payment of any negotiable instrument, check, draft, or order for the payment of money.  
Number of signers required: 01
- **Delegate Authority.** Delegate to others the authority to approve, endorse, guarantee, and identify the endorsement of any payee or endorser on any negotiable instrument, check, draft, or order for the payment of money and to guarantee the payment of any such negotiable instrument, check, draft, or order for the payment of money.  
Number of signers required: 01



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**SAFE DEPOSIT BOX.** Lease a Safe Deposit Box(es) with Financial Institution, make inspections of, deposits to and removals from the Box(es), and exercise all rights and be subject to all responsibilities under the Lease.

Number of signers required: 01

**NIGHT DEPOSITORY.** Enter into a Night Depository Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement.

Number of signers required: 01

**LOCKBOX.** Enter into a Lockbox Agreement with Financial Institution and exercise all rights and be subject to all responsibilities under the Agreement.

Number of signers required: 01

**DEBIT CARD/ACCESS CARD.** Apply for, receive and utilize debit, automated teller machine cards, or other access devices to exercise those powers authorized by this Resolution or other Resolutions then in effect.

Number of signers required: 01

**CASH MANAGEMENT.** Enter into a Cash Management Agreement with Financial Institution, and exercise all rights and be subject to all responsibilities under the Agreement.

Number of signers required: 01

**OTHER DEPOSIT POWERS.**

Number of signers required: 01

#### **IT IS FURTHER RESOLVED THAT:**

**DESIGNATED DEPOSITORY.** Financial Institution is designated as a depository for the funds of the Corporation and to provide other financial accommodations indicated in this Resolution.

**AUTHORIZED SIGNER'S POWERS.** Authorized Signers are authorized to make any and all other contracts, agreements, stipulations, and orders which the Authorized Signers may deem advisable for the effective exercise of their powers.

**SIGNATURES.** The Financial Institution shall be indemnified and held harmless by the Corporation for any claims, expenses, damages, or attorney fees resulting from the honoring of any signature, authorized by this Resolution, or refusing to honor any signature not so authorized, regardless of whether or not such signature was genuine, if such signature reasonably resembles the specimen provided to the Financial Institution. The Financial Institution shall also be permitted to rely upon non-signature security and verification codes which it provides to or receives from an Authorized Signer and shall be indemnified and held harmless by the Corporation for any claims, expenses, damages, or attorney fees resulting from their use.

**IMPROPER ENDORSEMENT.** Any negotiable instrument, check, draft, or order for the payment of moneys not clearly endorsed by an Authorized Signer may be returned to the Corporation by the Financial Institution. The Financial Institution, in its sole discretion, alternatively may endorse on behalf of the Corporation any negotiable instrument, check, draft, or order for the payment of money not clearly endorsed in order to facilitate collection. Financial Institution shall have no liability for any delay in the presentment or return of any negotiable instrument, check, draft, or order for the payment of money which is not properly endorsed.

**DISPOSITION OF FUNDS.** When withdrawal or transfer powers are granted to an Authorized Signer, the Financial Institution is directed and authorized to act upon and honor withdrawal or transfer instructions issued and to honor, pay, transfer from, and charge to any depository account(s) of the Corporation, all negotiable instruments, checks, drafts, or orders for the payment of money so drawn when signed consistent with the Resolution without inquiring as to the disposition of the proceeds or the circumstances surrounding the issuance of the negotiable instrument, check, or order for the payment of money involved, whether such negotiable instruments, checks, drafts, or orders for the payment of money are payable to the order of, or endorsed or negotiated by any Authorized Signer signing them or any Authorized Signer in their individual capacities or not, and whether they are deposited to the individual credit of or tendered in payment of the individual obligation or account of any Authorized Signer signing them or of any other Authorized Signer.

**PRIOR ENDORSEMENTS.** All negotiable instruments, checks, drafts, or orders for the payment of money deposited with prior endorsements are guaranteed by the Corporation.

**PRE-RESOLUTION TRANSACTIONS.** All actions by Authorized Signers in accordance with this Resolution but before the adoption of this Resolution are approved, ratified, adopted, and confirmed by the Corporation.

**WARRANTY.** That the Financial Institution may rely upon the certification as to the Corporation authority to execute this Resolution and make the representations in this Resolution.

**NOTIFICATION OF CHANGES.** The Corporation shall notify Financial Institution in writing at its address shown above in advance of any changes which would affect the validity of any matter certified in this Resolution.

**REVOCATION AND MODIFICATION.** An act ("Act") to modify, terminate, amend or replace this Resolution will not immediately affect the ability of the Financial Institution to rely upon this Resolution. The Act shall not affect any action by the Financial Institution in reliance on this Resolution before the date the Act becomes effective as set forth in the next sentence. An Act will not become effective until all of the following occur: (a) Financial Institution receives written notification of the Act in a form and substance





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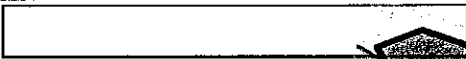
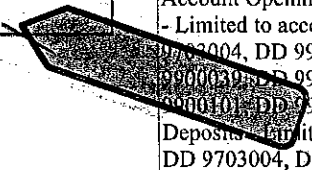


satisfactory to the Financial Institution and (b) the Financial Institution has had a reasonable period of time to act upon such notification. Until the Act is effective, this Resolution shall remain in full force and bind the Corporation, its legal representatives, heirs, successors and assigns.

# DESIGNATION OF AUTHORIZED SIGNERS

NAME/TITLE	SIGNATURE	AUTHORITY CODE/LIMITATIONS
DANIEL EUGENE BAYS AUTHORIZED SIGNER		Account Opening and Maintenance - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Make Deposits - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Endorsements - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Make Withdrawals - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Transfer Funds - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Approve, Endorse, Guarantee and Identify Payees - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Delegate Authority - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152
ANTHEA G HANSEN SECRETARY / TREASURER		Account Opening and Maintenance - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Make Deposits - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Endorsements - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Make Withdrawals - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Transfer Funds - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152



		9900101, DD 9900152; Approve, Endorse, Guarantee and Identify Payees - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Delegate Authority - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152
WILLIAM M KOSTER AUTHORIZED SIGNER		Account Opening and Maintenance - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Make Deposits - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Endorsements - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Make Withdrawals - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Transfer Funds - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Approve, Endorse, Guarantee and Identify Payees - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Delegate Authority - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152
ADAM SCHEUBER AUTHORIZED SIGNER	 	Account Opening and Maintenance - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Make Deposits - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Endorsements - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Make Withdrawals - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Transfer



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		Funds - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Approve, Endorse, Guarantee and Identify Payees - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152; Delegate Authority - Limited to account(s): DD 9703004, DD 9900004, DD 9900039, DD 9900098, DD 9900101, DD 9900152
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By signing this Resolution, I acknowledge reading, understanding, and agreeing to all of its provisions and certify, personally and on behalf of the Corporation, that all statements made in this Resolution are true and correct.

ANTHEA G HANSEN  
Certifier

Date



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V.B

**Kent W. Crawford, CFP® AAMS®**  
Managing Principal  
Registered Representative, LPL Financial

4101 Tully Road, Suite 301  
Modesto, CA 95356  
Telephone: (209) 846-0744  
Toll Free: 1-888-612-5391  
Fax: (209) 846-0786  
CA Insurance License 0731026  
kent@granitewealthllc.com  
www.granitewealthllc.com

June 1, 2022

Dear Bill and Anthea,

Enclosed please find the account paperwork for the Del Puerto Water District NVRWP Rate Reserve Fund and the Contract Conversion Reserve Fund accounts that have been established with LPL Financial.

I have separated the account paperwork and have placed "Sign Here" post-it flags to indicate where a signature and date is required. I have also added a yellow "post-it flag" in the two areas on the form (F7) that require the Driver's License number, issue and expiration date.

Please review the forms and if any of the information is incorrect, please cross-out and write in the correct information and then initial and date the correction.

If you have questions or would like clarification on any of the information that is enclosed, please feel free to give our office a call.

I have enclosed a FedEx postage paid envelope for the return of the paperwork, once the signatures, date and needed information has been completed.

Thank you for your time and attention to this matter. It is appreciated.

Sincerely,

DeAnn Ridenour  
Client Relationship Manager

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# Account Application Non-Retirement

V.B

A1

Account Number	6	8	5	7	4	2	8	0
Rep ID	2	B	3	E				

**Financial professional instructions:** To be used for all brokerage, direct brokerage business, third party asset management program (TAMP), and 529 direct advisory non-retirement accounts. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please email the completed form [imaging.email@lpl.com](mailto:imaging.email@lpl.com) or fax to (858) 202-8325.

Attention: Any alterations must be initialed by all account holders.

## Section I: Account Information

### 1. Account Type (choose only one)

Account updates required by LPL Operations ☒

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below. This separate packet contains the Account Agreement that details the relationship between you, your financial professional, LPL Financial ("LPL") and other related parties, as applicable, to your account.

- ☒ Brokerage (LPL Master - Account Agreement) ☐ Direct Brokerage Business (LPL Master - Account Agreement) ☐ Direct Advisory 529 (529 Advisory Agreement)\*\*\*
- ☐ OMP Brokerage\* (LPL Master - Account Agreement) (for updates to existing accounts only) ☐ TAMP\* (TAMP Agreement)

Print Name of TAMP Platform or Program\*\*

TAMP Account Number

\*Additional documentation required. Financial professional should refer to the detailed procedures for the account type on the Resource Center.

\*\*For TAMP accounts, LPL is not acting as the broker/dealer and your account will be maintained at a third party custodian. Please provide the TAMP name, not the custodian name.

\*\*\*For 529 direct advisory accounts, LPL is not acting as the broker/dealer and your account will be maintained at a third party custodian.

### 2. Registration Type (choose only one)

- ☐ Individual ☐ Guardianship/Conservatorship\* ☐ Estate\* ☐ Corporate\*
- ☐ Tenants in Common ☐ Custodian for Minor ☐ Personal Trust\* ☐ Non-Profit Organization\*
- ☐ Community Property ☐ Coverdell ESA\* ☐ Partnership\* ☐ Omnibus\*
- ☐ Joint Tenants With Right of Survivorship ☐ 529 Plan / 529 ABLE Plan\* (Direct Business Only) ☐ Limited Liability Company\*
- ☒ Other (Please specify): ASSOCIATION

\*Additional documentation required. Financial professional should refer to the detailed procedures for the registration type on the Resource Center.

### 3. Registration Information

Social Security Number or Tax ID

94-2668972

Account Registration

DEL PUERTO WATER DISTRICT

CCRF

ASSOCIATION

Fill in your current residency status: (choose only one)

- ☒ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien

Country of Citizenship

UNITED STATES

Mailing Address

POB 1596

PATTERSON CA 95363-1596

Home Phone

Mobile Phone

Business Phone

(209)892-4470

Fax Number



Member FINRA/SIPC



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**Section I: Account Information (continued)****3. Registration Information (continued)**

Is this account for a Government Entity?

☐ Yes ☐ No

1. If yes, is this account for a municipal entity?

☐ Yes ☐ No

Answer the question below only if you answered "yes" this is a municipal entity – If you answered "No" this is not a municipal entity, you may skip and move to the next question.

2. Will this municipal account contain proceeds of municipal securities or municipal escrow investments?

☐ Yes ☒ No

a) If "yes", this municipal account holds or intends to hold proceeds of municipal securities or municipal escrow investments, then this account is prohibited per LPL's policy (questions regarding policy: x6835).

b) If "no", this municipal account does not hold nor will it hold proceeds of municipal securities or municipal escrow investments. Please list below the source of funds that will be invested in this account:

Grants and assessments to property owners

Is your account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c):

☐ Yes ☒ No

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

**Section II: Investment Objective and Risk Tolerance****1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)**

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

- ☒ A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- ☐ B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- ☐ C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- ☐ D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- ☐ E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.
- ☐ F. Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

**Section III: Account Holder Information**

For corporate, LLC, non-profit organization, partnership, and investment club accounts, this section is NOT required. Complete the appropriate supplementary documentation instead. For additional account holders, complete the Supplemental Account Application (F1C).

**1. Primary Information**

Primary Account Holder/Trustee/Minor/529 Owner

Occupation (former if retired or unemployed)

ID Type (Ex: Driver's License, Passport, etc.)

Social Security Number

Date of Birth

Industry (former if retired)

ID Place of Issuance

Residence Address (no P. O. Boxes) ☐ Same as mailing addressEmployer Name ☐ Mark here if retired or unemployed

ID Number

Country of Citizenship

Employment Address

ID Issuance Date ID Expiration Date

Home Phone

Mobile Phone

Business Phone

ID verified? ☐ Yes ☐ No

Fax Number

Account Number

6 8 5 7 4 2 8 0



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**Section III: Account Holder Information (continued)****1. Primary Information (continued)**

Is this account for the benefit of a Politically Exposed Person (PEP)\*? ☐ Yes ☐ No

If yes, define PEP position:

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☐ I decline to provide a trusted contact person at this time.

Trusted Contact Name

Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (If FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of Firm

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

**2. Secondary Information**

Secondary Account Holder/Trustee/Custodian/529 Beneficiary

Occupation (former if retired or unemployed)

ID Type (Ex: Driver's License, Passport, etc.)

Social Security Number

Date of Birth

Industry (former if retired)

ID Place of Issuance

Residence Address (no P. O. Boxes)  ☐ Same as mailing address

Employer Name  ☐ Mark here if retired or unemployed

ID Number

Country of Citizenship

Employment Address

ID Issuance Date

ID Expiration Date

Home Phone

Mobile Phone

Business Phone

Fax Number

ID verified? ☐ Yes ☐ No

Account Number

6 8 5 7 4 2 8 0



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**Section III: Account Holder Information (continued)****2. Secondary Information (continued)**

Is this account for the benefit of a Politically Exposed Person (PEP)\*? ☐ Yes ☐ No

If yes, define PEP position: \_\_\_\_\_

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☐ I decline to provide a trusted contact person at this time.

Trusted Contact Name

Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of Firm

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

**Section IV: Financial Information and Experience****1. Investment Information**

Enter the letter that corresponds to the correct range:

Annual income?

Net worth? (exclusive of primary residence)

Liquid net worth\*

Approximate account value\*\*

A. \$1 - \$24,999

B. \$25,000 - \$49,999

C. \$50,000 - \$99,999

D. \$100,000 - \$249,999

E. \$250,000 - \$499,999

F. \$500,000 - \$749,999

G. \$750,000 - \$999,999

H. \$1,000,000 and over

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.)

Property owner assessments

Federal income tax bracket? (%)

Investment Experience (total number of years):

Indicate the number of years of experience for each investment type:

Annuities

Mutual Funds

Partnerships

Margin

Stocks

Bonds

Options

Other (please specify):

Account Number

6 8 5 7 4 2 8 0



**Section IV: Financial Information and Experience (continued)****1. Investment Information (continued)**

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate approximate percentage of assets exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

Real Estate	____%	Mutual Funds	____%	Checking / Savings	<u>20</u> %	Annuities	____%
Insurance	____%	Stocks	____%	Alternative Investments	____%	Bonds	<u>80</u> %
Other	____%	If Other, please explain <span style="border: 1px solid black; display: inline-block; width: 400px; height: 1.2em; vertical-align: middle;"></span>					

\*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.

\*\*Account minimums apply; see the applicable Account Packet for details or ask your financial professional.

**2. Investment Time Horizon and Liquidity Needs**

What is your investment time horizon for this account?

☐ 1-3 years    ☐ 3-5 years    ☒ 5-10 years    ☐ More than 10 years

Do you have liquidity needs from the funds in this account?    ☐ Yes    ☒ No

If yes, when do you need these funds?    ☐ Within 3 years    ☐ More than 3 years

**Section V: Margin Agreement****1. Margin Disclosure Statement Information** (not all account types are eligible to have margin, ask your financial professional for details)

A margin account allows you to borrow against eligible securities or purchase securities on margin. Initial below if you want to establish a margin account and to indicate that you have received the Margin Disclosure Statement, have read the margin disclosure section in the Account Packet referenced in Section I, and agree to the terms and conditions.

Date Margin Disclosure Statement provided:  ALL account holders must initial.

Initials

Initials

Initials

Initials

**Section VI: Acknowledgment and Execution****1. Delivery Preferences** If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

Email

ahansen@delpuertowd.org

☒ Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations, performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked.

☐ No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your financial professional.

**2. Name Differences/One and the Same Information** (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VI, you are authorizing LPL to accept transactions and follow instructions under all names listed. Alterations to this section cannot be made after the form has been submitted, except by completing and submitting a separate One and the Same Form (OSL).

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Account Number

6	8	5	7	4	2	8	0
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## Section VI: Acknowledgment and Execution

### 3. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application, the applicable Account Agreement, and the LPL Relationship Summary (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and agree that it is my responsibility to inform my financial professional any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I have discussed with my financial professional the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage or advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- If I am engaging my financial professional through a third party asset management program (TAMP), I acknowledge receipt of the LPL Form ADV Disclosure Brochure, the Brochure Supplement of the financial professional servicing the account as well as the TAMP Form ADV Disclosure Brochure, the TAMP advisory program agreement, and the TAMP solicitor disclosure statement, as applicable.
- If I am engaging my financial professional through a 529 direct advisory account, I acknowledge receipt of the LPL Form ADV Firm Brochure and the Brochure Supplement of the financial professional servicing the account, as well as the Official Statement/program disclosure documents for the 529 Advisory Plan.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that : (1) The number shown on this form is my correct taxpayer identification number ( or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (3) I am a U.S person ( including a U.S resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) ( Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications requires to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packed specified in Section I), which is incorporated by reference into the Account Application.

Account Holder Signature	WILLIAM M KOSTER	Account Holder Name (print)	Date (required)
Account Holder Signature	ANTHEA G HANSEN	Account Holder Name (print)	Date (required)
Account Holder Signature		Account Holder Name (print)	Date (required)
Account Holder Signature		Account Holder Name (print)	Date (required)

### 4. Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check again the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holders name is the same of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally.

Financial Professional / Authorized Person Signature	KENT W CRAWFORD	2B3E	Rep ID	Date (required)
Joint Financial Professional / Authorized Person Signature			Rep ID	Date (required)
Joint Financial Professional / Authorized Person Signature			Rep ID	Date (required)

Account Number

6 8 5 7 4 2 8 0



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# Account Application Non-Retirement

V.B.

A1

Account Number	6	4	5	2	6	1	9	9
Rep ID	2	B	3	E				

**Financial professional instructions:** To be used for all brokerage, direct brokerage business, third party asset management program (TAMP), and 529 direct advisory non-retirement accounts. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please email the completed form [imaging.email@lpl.com](mailto:imaging.email@lpl.com) or fax to (858) 202-8325.

Attention: Any alterations must be initialed by all account holders.

## Section I: Account Information

### 1. Account Type (choose only one)

Account updates required by LPL Operations ☒

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below. This separate packet contains the Account Agreement that details the relationship between you, your financial professional, LPL Financial ("LPL") and other related parties, as applicable, to your account.

- ☒ Brokerage (LPL Master - Account Agreement) ☐ Direct Brokerage Business (LPL Master - Account Agreement) ☐ Direct Advisory 529 (529 Advisory Agreement)\*\*\*
- ☐ OMP Brokerage\* (LPL Master - Account Agreement) (for updates to existing accounts only) ☐ TAMP\* (TAMP Agreement)

Print Name of TAMP Platform or Program\*\*

TAMP Account Number

\*Additional documentation required. Financial professional should refer to the detailed procedures for the account type on the Resource Center.

\*\*For TAMP accounts, LPL is not acting as the broker/dealer and your account will be maintained at a third party custodian. Please provide the TAMP name, not the custodian name.

\*\*\*For 529 direct advisory accounts, LPL is not acting as the broker/dealer and your account will be maintained at a third party custodian.

### 2. Registration Type (choose only one)

- ☐ Individual ☐ Guardianship/Conservatorship\* ☐ Estate\* ☐ Corporate\*
- ☐ Tenants in Common ☐ Custodian for Minor ☐ Personal Trust\* ☐ Non-Profit Organization\*
- ☐ Community Property ☐ Coverdell ESA\* ☐ Partnership\* ☐ Omnibus\*
- ☐ Joint Tenants With Right of Survivorship ☐ 529 Plan / 529 ABLE Plan\* (Direct Business Only) ☐ Limited Liability Company\*
- ☒ Other (Please specify): ASSOCIATION

\*Additional documentation required. Financial professional should refer to the detailed procedures for the registration type on the Resource Center.

### 3. Registration Information

Social Security Number or Tax ID

94-2668972

Account Registration

DEL PUERTO WATER DISTRICT

NVRRWP RRF

ASSOCIATION

Fill in your current residency status: (choose only one)

- ☒ U.S. Citizen ☐ Resident Alien ☐ Non-Resident Alien

Country of Citizenship

UNITED STATES

Mailing Address

POB 1596

PATTERSON CA 95363-1596

Home Phone

Mobile Phone

Business Phone

(209)892-4470

Fax Number



Member FINRA/SIPC



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**Section I: Account Information (continued)****3. Registration Information (continued)**

Is this account for a Government Entity?

☒ Yes ☐ No

1. If yes, is this account for a municipal entity?

☒ Yes ☐ No

Answer the question below only if you answered "yes" this is a municipal entity – If you answered "No" this is not a municipal entity, you may skip and move to the next question.

2. Will this municipal account contain proceeds of municipal securities or municipal escrow investments?

☐ Yes ☒ No

a) If "yes", this municipal account holds or intends to hold proceeds of municipal securities or municipal escrow investments, then this account is prohibited per LPL's policy (questions regarding policy: x6835).

b) If "no", this municipal account does not hold nor will it hold proceeds of municipal securities or municipal escrow investments. Please list below the source of funds that will be invested in this account:

FUNDS FROM THE BUREAU OF RECLAMATION

Is your account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c):

☐ Yes ☒ No

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

**Section II: Investment Objective and Risk Tolerance****1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)**

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

- ☒ A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- ☐ B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- ☐ C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- ☐ D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- ☐ E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.
- ☐ F. Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

**Section III: Account Holder Information**

For corporate, LLC, non-profit organization, partnership, and investment club accounts, this section is NOT required. Complete the appropriate supplementary documentation instead. For additional account holders, complete the Supplemental Account Application (F1C).

**1. Primary Information**

Primary Account Holder/Trustee/Minor/529 Owner

Occupation (former if retired or unemployed)

ID Type (Ex: Driver's License, Passport, etc.)

Social Security Number

Date of Birth

Industry (former if retired)

ID Place of Issuance

Residence Address (no P. O. Boxes) ☐ Same as mailing addressEmployer Name ☐ Mark here if retired or unemployed

ID Number

Employment Address

ID Issuance Date

ID Expiration Date

Country of Citizenship

Business Phone

ID verified?

☐ Yes ☐ No

Home Phone

Mobile Phone

Fax Number

Account Number

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**Section III: Account Holder Information (continued)****1. Primary Information (continued)**

Is this account for the benefit of a Politically Exposed Person (PEP)\*? ☐ Yes ☐ No

If yes, define PEP position: \_\_\_\_\_

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☐ I decline to provide a trusted contact person at this time.

Trusted Contact Name \_\_\_\_\_

Trusted Contact Email \_\_\_\_\_

Trusted Contact Address \_\_\_\_\_

Trusted Contact Primary Phone \_\_\_\_\_

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other) \_\_\_\_\_

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA \_\_\_\_\_

Relationship to Account Holder of Person Associated with Firm or FINRA \_\_\_\_\_

Name of Associated Firm (if FINRA, list FINRA) \_\_\_\_\_

Address of Person Associated with Firm or FINRA \_\_\_\_\_

Corporate Compliance Mailing Address of Firm \_\_\_\_\_

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s) \_\_\_\_\_

**2. Secondary Information**

Secondary Account Holder/Trustee/Custodian/529 Beneficiary \_\_\_\_\_

Occupation (former if retired or unemployed) \_\_\_\_\_

ID Type (Ex: Driver's License, Passport, etc.) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Industry (former if retired) \_\_\_\_\_

ID Place of Issuance \_\_\_\_\_

Residence Address (no P. O. Boxes) ☐ Same as mailing address \_\_\_\_\_

Employer Name ☐ Mark here if retired or unemployed \_\_\_\_\_

ID Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Employment Address \_\_\_\_\_

ID Issuance Date \_\_\_\_\_

ID Expiration Date \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

ID verified? ☐ Yes ☐ No

Fax Number \_\_\_\_\_

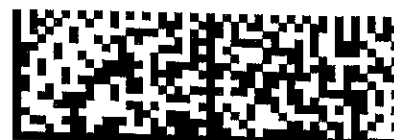
Account Number

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**Section III: Account Holder Information (continued)****2. Secondary Information (continued)**

Is this account for the benefit of a Politically Exposed Person (PEP)\*? ☐ Yes ☐ No

If yes, define PEP position:

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☐ I decline to provide a trusted contact person at this time.

Trusted Contact Name

Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of Firm

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

**Section IV: Financial Information and Experience****1. Investment Information**

Enter the letter that corresponds to the correct range:

Annual income?  Net worth? (exclusive of primary residence)  Liquid net worth?\*  Approximate account value?\*\*

A. \$1 - \$24,999

B. \$25,000 - \$49,999

C. \$50,000 - \$99,999

D. \$100,000 - \$249,999

E. \$250,000 - \$499,999

F. \$500,000 - \$749,999

G. \$750,000 - \$999,999

H. \$1,000,000 and over

Specify the exact Source of Account Holder Wealth and Income (e.g. inheritance, employment salary, sale of real estate, etc.)

INCOME FROM MEMBERS

Federal income tax bracket? (%)

Investment Experience (total number of years):

Indicate the number of years of experience for each investment type:

Annuities  Mutual Funds  Partnerships  Margin  Stocks  Bonds  Options

Other (please specify):

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**Section IV: Financial Information and Experience (continued)****1. Investment Information (continued)**

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate approximate percentage of assets exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

Real Estate	_____ %	Mutual Funds	_____ %	Checking / Savings	5 %	Annuities	_____ %
Insurance	_____ %	Stocks	_____ %	Alternative Investments	_____ %	Bonds	95 %
Other	_____ %	If Other, please explain _____					

\*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.

\*\*Account minimums apply; see the applicable Account Packet for details or ask your financial professional.

**2. Investment Time Horizon and Liquidity Needs**

What is your investment time horizon for this account?

☐ 1-3 years    ☐ 3-5 years    ☐ 5-10 years    ☒ More than 10 years

Do you have liquidity needs from the funds in this account?    ☐ Yes    ☒ No

If yes, when do you need these funds?    ☐ Within 3 years    ☐ More than 3 years

**Section V: Margin Agreement****1. Margin Disclosure Statement Information** (not all account types are eligible to have margin, ask your financial professional for details)

A margin account allows you to borrow against eligible securities or purchase securities on margin. Initial below if you want to establish a margin account and to indicate that you have received the Margin Disclosure Statement, have read the margin disclosure section in the Account Packet referenced in Section I, and agree to the terms and conditions.

Date Margin Disclosure Statement provided: \_\_\_\_\_ ALL account holders must initial.

Initials

Initials

Initials

Initials

**Section VI: Acknowledgment and Execution****1. Delivery Preferences** If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

Email \_\_\_\_\_

- ☐ Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations, performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked.
- ☒ No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your financial professional.

**2. Name Differences/One and the Same Information** (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VI, you are authorizing LPL to accept transactions and follow instructions under all names listed. Alterations to this section cannot be made after the form has been submitted, except by completing and submitting a separate One and the Same Form (OSL).

Account Number

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## Section VI: Acknowledgment and Execution

### 3. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application, the applicable Account Agreement, and the LPL Relationship Summary (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and agree that it is my responsibility to inform my financial professional any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I have discussed with my financial professional the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage or advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- If I am engaging my financial professional through a third party asset management program (TAMP), I acknowledge receipt of the LPL Form ADV Disclosure Brochure, the Brochure Supplement of the financial professional servicing the account as well as the TAMP Form ADV Disclosure Brochure, the TAMP advisory program agreement, and the TAMP solicitor disclosure statement, as applicable.
- If I am engaging my financial professional through a 529 direct advisory account, I acknowledge receipt of the LPL Form ADV Firm Brochure and the Brochure Supplement of the financial professional servicing the account, as well as the Official Statement/program disclosure documents for the 529 Advisory Plan.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into the Account Application.



Account Holder Signature

WILLIAM M KOSTER

Account Holder Name (print)

Date (required)



Account Holder Signature

ANTHEA G HANSEN

Account Holder Name (print)

Date (required)

Account Holder Signature

Account Holder Name (print)

Date (required)

Account Holder Signature

Account Holder Name (print)

Date (required)

### 4. Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holder's name is the same as a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally.

Financial Professional / Authorized Person Signature

Kent W Crawford

Financial Professional / Authorized Person Name (print)

2B3E

Rep ID

Date (required)

Joint Financial Professional / Authorized Person Signature

Joint Financial Professional / Authorized Person Name (print)

Rep ID

Date (required)

Joint Financial Professional / Authorized Person Signature

Joint Financial Professional / Authorized Person Name (print)

Rep ID

Date (required)

Account Number

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Entity Information

Entity Information & Certification

EID

Account Number 

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Rep ID 

2	B	3	E
---	---	---	---

V.C.  
\*UPDATE  
AUTHORIZED OFFICERS

Instructions: Submit this form when an entity account or Omnibus relationship is opened. An entity account is an account opened for a corporation, partnership, LLC, sole proprietorship, non-profit or other non-corporation. It designates individuals who are authorized to give instructions on behalf of the entity.

Please email the completed document(s) to [imaging\\_email@lpl.com](mailto:imaging_email@lpl.com), or fax to (858) 202-8325.

Section I: Entity Information & Documentation

1. Entity Information

Name of Entity  
DEL PUERTO WATER DISTRICT GF

What type of entity? (select one)

- ☐ C Corporation      ☐ S Corporation      ☐ Non-Profit  
☐ Sole Proprietorship      ☐ Partnership      ☐ Limited Liability Corporation

Optional: Legal Entity Identifier (LEI): ASSOCIATION

More information about the LEI can be found at [www.gleif.org](http://www.gleif.org).

2. Entity Documentation (Indicate which document is attached for the entity)

- ☐ Business License      ☐ Certificate of Good Standing      ☐ Partnership Agreement  
☐ Operating Agreement      ☐ Articles of Organization      ☒ Articles of Incorporation      ☐ IRS Form 990

Document Number (Tax ID/SSN not acceptable)	Place of Issuance	Document Issuance Date	Document Expiration Date (if applicable)
89283103	CALIFORNIA		

Section II: Authorized Individual Information - Complete subsection for each Authorized Individual

1. Authorized Individual Name

Authorized Individual Name	Social Security Number	Date of Birth	ID Number
WILLIAM M. KOSTER	569-86-2209	04/28/1959	
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address	Country of Citizenship	ID Type	ID Issuance Date
35495 S. KOSTER ROAD	UNITED STATES	DRIVER'S LICENSE	
TRACY, CA 95304	Home Phone	ID Place of Issuance	ID Expiration Date
	(209) 470-5889	CALIFORNIA	

Is this account for the benefit of a Politically Exposed Person (PEP)\*? ☐ Yes ☒ No

If yes, define PEP position:

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

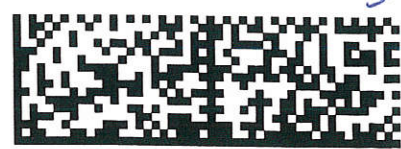
The Trusted Contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☒ I decline to provide a trusted contact person at this time.

Trusted Contact Name	Trusted Contact Email
Trusted Contact Address	
Trusted Contact Primary Phone	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)



Member FINRA/SIPC



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**Section II: Authorized Individual Information - Complete subsection for each Authorized Individual (continued)**

- ☐ Mark here and complete the FINRA information if you, your spouse, domestic partner, or other immediate family member is a FINRA employee, person associated with a broker/dealer, or municipal securities dealer. By completing and signing this new account application, you authorize LPL to transmit duplicate statements, confirmations and other information concerning the account and its existence to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA	Your Relationship to the person associated with the Firm	The name of the associated Firm (if FINRA, list FINRA)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of Person Associated with Firm or FINRA	Corporate Compliance Mailing Address of Firm	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.	Name of Corporation(s)	
	<input type="text"/>	

**2. Authorized Individual Information**

Authorized Individual Name	Social Security Number	Date of Birth	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address	Country of Citizenship	ID Type	ID Issuance Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Home Phone	ID Place of Issuance	ID Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this account for the benefit of a Politically Exposed Person (PEP)\*? ☐ Yes ☒ No

If yes, define PEP position:

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

- ☒ I decline to provide a trusted contact person at this time.

Trusted Contact Name	Trusted Contact Email
<input type="text"/>	<input type="text"/>
Trusted Contact Address	
<input type="text"/>	
Trusted Contact Primary Phone	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)
<input type="text"/>	<input type="text"/>

- ☐ Mark here and complete the FINRA information if you, your spouse, domestic partner, or other immediate family member is a FINRA employee, person associated with a broker/dealer, or municipal securities dealer. By completing and signing this new account application, you authorize LPL to transmit duplicate statements, confirmations and other information concerning the account and its existence to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA	Your Relationship to the person associated with the Firm	The name of the associated Firm (if FINRA, list FINRA)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of Person Associated with Firm or FINRA	Corporate Compliance Mailing Address of Firm	
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.	Name of Corporation(s)	
	<input type="text"/>	

Account Number

7	4	6	9	5	4	8	8
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**Section II: Authorized Individual Information - Complete subsection for each Authorized Individual (continued)****3. Authorized Individual Information**

Authorized Individual Name <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	ID Number <input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input type="text"/>	Country of Citizenship <input type="text"/>	ID Type <input type="text"/>	ID Issuance Date <input type="text"/>
<input type="text"/>	Home Phone <input type="text"/>	ID Place of Issuance <input type="text"/>	ID Expiration Date <input type="text"/>

Is this account for the benefit of a Politically Exposed Person (PEP)\*? ☐ Yes ☐ NoIf yes, define PEP position: 

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☐ I decline to provide a trusted contact person at this time.

Trusted Contact Name <input type="text"/>	Trusted Contact Email <input type="text"/>
Trusted Contact Address <input type="text"/>	
Trusted Contact Primary Phone <input type="text"/>	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other) <input type="text"/>

☐ Mark here and complete the FINRA information if you, your spouse, domestic partner, or other immediate family member is a FINRA employee, person associated with a broker/dealer, or municipal securities dealer. By completing and signing this new account application, you authorize LPL to transmit duplicate statements, confirmations and other information concerning the account and its existence to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA <input type="text"/>	Your Relationship to the person associated with the Firm <input type="text"/>	The name of the associated Firm (if FINRA, list FINRA) <input type="text"/>
Address of Person Associated with Firm or FINRA <input type="text"/>	Corporate Compliance Mailing Address of Firm <input type="text"/>	
<input type="checkbox"/> Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.		Name of Corporation(s) <input type="text"/>

**4. Authorized Individual Information**

Authorized Individual Name <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	ID Number <input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input type="text"/>	Country of Citizenship <input type="text"/>	ID Type <input type="text"/>	ID Issuance Date <input type="text"/>
<input type="text"/>	Home Phone <input type="text"/>	ID Place of Issuance <input type="text"/>	ID Expiration Date <input type="text"/>

Is this account for the benefit of a Politically Exposed Person (PEP)\*? ☐ Yes ☐ NoIf yes, define PEP position: 

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

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Account Number

7	4	6	9	5	4	8	8
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**Section II: Authorized Individual Information (continued)**

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☐ I decline to provide a trusted contact person at this time.

Trusted Contact Name

Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

Full Name of Person Associated with Firm or FINRA

Your Relationship to the person associated with the Firm

The name of the associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of firm

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

Account Number

7	4	6	9	5	4	8	8
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**Section III: Certification****Knowledge**

I certify that I am authorized by my entity's documents to open an account(s) in my entity's name with LPL Financial, LLC ("LPL").

Furthermore, that the entity is duly authorized and permitted by its documents, and I am authorized on the entity's behalf to:

- (1) Deliver under appropriate seal (if any) any and all written endorsements and documents necessary or proper to effectuate same; and
- (2) Through LPL to Buy, sell, and otherwise deal in stocks, bonds, and other securities and commodities, on margin or otherwise (including short sales) as specified in my entity documents; and
- (3) Receive on behalf of the entity account monies, securities and properties of every kind, and to dispose of same; and
- (4) I, individually and on behalf of the entity, certify account demands, notices, confirmations, reports, statements of account, and communications of every kind; and
- (5) Make on behalf of the entity account agreements relating to any of the foregoing matters, acknowledge the correctness thereof, and to terminate or modify same or waive any of the provisions thereof; and
- (6) Generally to deal with LPL on behalf of the entity account as fully and completely as if I were alone interested in the entity account, all without notice to any other or others interested in the entity account.

Additionally, this authority shall remain in force until written notice of its revocation as authorized by my entity's documents is addressed to you and delivered at your office at LPL Financial LLC.

LPL Financial, LLC, in the event of the death or resignation of any authorized individual of the entity account, is authorized to take such proceedings, acquire such papers, retain such portion of or restrict transactions in said account as LPL may deem advisable to protect LPL against any liability, penalty or loss under any present or future law or otherwise.

I am further agreed that in the event of the death or resignation any authorized individual of the entity account, the remaining authorized individuals will immediately cause you to be notified of such fact.

Subject to the provisions hereof, all notices or communications in respect of the entity account will be directed to the address of record.

Finally, each of the above named individuals, upon completing the LPL Supplemental Form (F1C) and signing same, shall have the same rights, privileges, duties, and obligations enumerated above, and I hereby certify that my entity documents empower me to make these appointments.

**SIGN  
HERE**

Signature of Authorized Individual	WILLIAM M. KOSTER	Name of Authorized Individual (print)	Date
Signature of Authorized Individual	ANTHEA G. HANSEN	Name of Authorized Individual (print)	Date
Signature of Authorized Individual		Name of Authorized Individual (print)	Date
Signature of Authorized Individual		Name of Authorized Individual (print)	Date



Blank



**Entity Information**  
Entity Information & Certification

V.C.

EID

Account Number	3	1	5	6	9	7	8	2
Rep ID	2	B	3	E				

\*UPDATE AUTHORIZED OFFICERS

Instructions: Submit this form when an entity account or Omnibus relationship is opened. An entity account is an account opened for a corporation, partnership, LLC, sole proprietorship, non-profit or other non-corporation. It designates individuals who are authorized to give instructions on behalf of the entity. Please email the completed document(s) to [imaging\\_email@lpl.com](mailto:imaging_email@lpl.com), or fax to (858) 202-8325.

**Section I: Entity Information & Documentation**

**Entity Information**  
Entity Information & Certification

EID

Account Number	4	8	3	4	4	0	8	3
Rep ID	2	B	3	E				

\*UPDATE AUTHORIZED OFFICERS

Instructions: Submit this form when an entity account or Omnibus relationship is opened. An entity account is an account opened for a corporation, partnership, LLC, sole proprietorship, non-profit or other non-corporation. It designates individuals who are authorized to give instructions on behalf of the entity. Please email the completed document(s) to [imaging\\_email@lpl.com](mailto:imaging_email@lpl.com), or fax to (858) 202-8325.

**Section I: Entity Information & Documentation**

1. Entity Information

**Entity Information**  
Entity Information & Certification

EID

Account Number	2	9	8	8	1	8	9	4
Rep ID	2	B	3	E				

\*UPDATE AUTHORIZED OFFICERS

Instructions: Submit this form when an entity account or Omnibus relationship is opened. An entity account is an account opened for a corporation, partnership, LLC, sole proprietorship, non-profit or other non-corporation. It designates individuals who are authorized to give instructions on behalf of the entity. Please email the completed document(s) to [imaging\\_email@lpl.com](mailto:imaging_email@lpl.com), or fax to (858) 202-8325.

**Section I: Entity Information & Documentation**

1. Entity Information

**Entity Information**  
Entity Information & Certification

EID

Account Number	2	3	5	0	9	0	1	5
Rep ID	2	B	3	E				

\*UPDATE AUTHORIZED OFFICERS

Instructions: Submit this form when an entity account or Omnibus relationship is opened. An entity account is an account opened for a corporation, partnership, LLC, sole proprietorship, non-profit or other non-corporation. It designates individuals who are authorized to give instructions on behalf of the entity. Please email the completed document(s) to [imaging\\_email@lpl.com](mailto:imaging_email@lpl.com), or fax to (858) 202-8325.

**Section I: Entity Information & Documentation**

1. Entity Information

Name of Entity

DEL PUERTO WATER DISTRICT RWSP/CNRA

What type of entity? (select one)

☐ C Corporation

☐ S Corporation

☐ Non-Profit

☐ Sole Proprietorship

☐ Partnership

☐ Limited Liability Corporation

Optional: Legal Entity Identifier (LEI): ASSOCIATION

More information about the LEI can be found at [www.gleif.org](http://www.gleif.org)

2. Entity Documentation (Indicate which document is attached for the entity)

☐ Business License

☐ Certificate of Good Standing

☐ Partnership Agreement

☐ Operating Agreement

☐ Articles of Organization

☒ Articles of Incorporation

☐ IRS Form 990

Document  
Issuance Date

Document Expiration  
Date (if applicable)

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Blank

## DM-II GSA

V.D.

DRAFT

P. O. Box 1596, Patterson, CA 95363-1596

(209) 892-4470 • FAX: (209) 892-4469

# Memo

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To: DM-II Groundwater Sustainability Agency Landowners and Water Users  
From: Adam Scheuber  
Date: 6/15/2022  
Re: Groundwater Well Metering Policy

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In 2014, the California Legislature passed a suite of laws known as the Sustainable Groundwater Management Act (SGMA). SGMA requires any and all users of groundwater (ag, industrial, municipal, etc.) in the subbasin to reach sustainable groundwater use by 2040. As required by the law, the District formed a multiagency Groundwater Sustainability Agency, the DM-II GSA, with neighboring Oak Flat Water District. As further required by SGMA, the DM-II GSA and multiple other local GSA's worked together to develop a groundwater management plan (GSP), titled the Northern and Central Delta-Mendota GSP. Concurrent with final approval of the plan by the Department of Water Resources, which is expected soon, the GSA's in the Delta-Mendota Subbasin are working on plan implementation and preparing for the first required update, due in early 2025. The drafting of this update will begin next year utilizing data collected during the first 5 years of implementation. Thus, developing policy guidance and filling data gaps are the immediate priority.

Acting as the Adminstrating Agency for the DM-II GSA, Del Puerto Water District recently adopted the enclosed Groundwater Well Metering Policy. This policy will support the District's efforts to fill current data gaps in the GSP, specifically with the identification of wells (both active and inactive) within the subbasin, and the accurate measurement of groundwater extractions.

Included in this packet is a copy of the adopted Groundwater Well Metering Policy, known information regarding well locations for your entity, and a well registration form for adding wells that may not be shown on the enclosed maps. This data will be kept at the District and individual data will not be shared with the larger SGMA group.

Accurate extraction data is important for the District's drought planning purposes, so please provide as much information as possible. The policy indicates that all groundwater wells must be registered by February 14, 2023, but the sooner you can provide the data, the better the District will be able to address issues relating to SGMA implementation. If you have any questions regarding the policy, the forms, or SGMA, please contact me directly at 209-892-4470 or ascheuber@delpuertowd.org.

Sincerely,

Adam Scheuber  
Deputy General Manager – Water Resources  
Del Puerto Water District

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P. O. Box 1596 • Patterson, CA 95363

(209) 892-4470 • FAX: (209) 892-4469

## GROUNDWATER WELL METERING POLICY

**WHEREAS**, it is the District's intent to serve and protect the agricultural water supply interests of its landowners, and

**WHEREAS**, the District is a member of the DM-II Groundwater Sustainability Agency (GSA), and the Sustainable Groundwater Management Act of 2014 requires GSA's to sustainably manage groundwater in all basins designated by the Department of Water Resources ("DWR") as a medium or high priority, including the Delta-Mendota Subbasin (designated basin number 5-22.07); and

**WHEREAS**, it is the District's responsibility to use all proper methods to accomplish the most reasonable and beneficial use of its water supplies, and

**WHEREAS**, the District is required by SGMA to accurately track and submit groundwater extraction data by all users within DPWD boundaries on an annual basis, and

**WHEREAS**, the District is granted the authority to collect this data by California Water Code Sections 10725.2, 10725.6, and 10725.8, and

**NOW THEREFORE**, the Board of Directors has adopted the following policy statements with regard to the collection and submittal of groundwater extraction data:

**1. Registration.** The owner of any Groundwater Well within DPWD must register that Groundwater Well with DPWD.

- a. Registration will include, but may not be limited to, the location of the well, the depth of the screens, the size of the bore hole, the size of the motor, and the current metering status.
- b. Registration of existing Groundwater Wells must be completed within 270 days of adoption of this Rule on a written form provided by DPWD.
- c. Registration must be updated in writing within thirty (30) days of change to an existing Groundwater Well.
- d. A new Registration must be completed within thirty (30) days of construction of a new Groundwater Well.

**2. Meter Requirement** The owner of every Groundwater Well within DPWD must measure use of that Groundwater Well by a volumetric measuring device (Meter) satisfactory to DPWD.

- a. Meters must be installed on all Groundwater Extraction Facilities by January 1st, 2023.



- b. Meters shall measure all flowrate in gallons per minute or cubic feet per second.
  - c. Meters shall measure all total extractions in acre-feet.
  - d. DPWD may accept other devices that measure flow rate and totalized volume, on a per case basis approved in writing prior to installation by the General Manager.
3. Access. The Meter shall be installed in a manner that makes it reasonably accessible for inspection, reading, and testing. DPWD staff shall have the right to enter upon any property at all reasonable times to make inspections and tests for the purpose of enforcement and administration. The representative shall first present proper credentials and demand entry. If the property is unoccupied, a reasonable effort will be made to locate the owner or other person having charge or control of same.
4. Costs. All costs associated with the purchase and installation of the Meter shall be borne by the owner or operator of each Groundwater Well. The Meters shall be installed by DPWD or by the owner or operator of the Groundwater Well.
5. Semi-Annual Reporting. The owner or operator of a Groundwater Well within DPWD shall submit Meter Readings to DPWD on September 30, February 28/29, and July 30 so the District can summarize the total extraction in acre-feet of groundwater from the facility during the previous water year.
6. Maintenance. The owner of the Groundwater Well is responsible to maintain the Meter, which includes proper servicing and calibration, as needed, by a qualified service person.
7. Exclusion. This Rule does not apply to De Minimis Extractors, defined by SGMA as a person who extracts, for domestic purposes, two (2) acre-feet or less per year.

Adopted and Approved: May 18, 2022





# Well Registration Form

Please complete to the best of your knowledge. Providing well completion reports would be accepted as well. Additional pages can be provided as necessary.

Entity: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

	Well 1	Well 2	Well 3	Well 4	Well 5	Well 6	Well 7	Well 8
Well name								
Well Location								
APN:								
Lat:								
Long:								
Well Depth (ft)								
Motor Size (hp)								
Bore Size (in)								
Screen Locations (ft)								
Screen 1:								
Screen 2:								
Screen 3:								
Average pumped quantity per year (AF)								
Meter? (yes/no)								
How many acres does the well serve? (Ac)								



OBJECTID	DMS_Site_ID	Well_Owner	Well_Notc	Drill_Date	Total_Well	PERF_START	PERF_STOP	Yield_GPM	AssessorPa	Latitude	Longitude	Horizontal	Monitored	Aquifer_De
16	01-178				440	140	440	1428	021-013-001	37.53086	-121.243	NAD83	Delta-Mendota II GSA	Outside of E Clay
38	01-200				205	0	0	0	026-013-043	37.35334	-121.12	NAD83	Delta-Mendota II GSA	Outside of E Clay
39	01-201			1970	160	50	160	0	026-013-043	37.35334	-121.12	NAD83	Delta-Mendota II GSA	Outside of E Clay
48	01-209			2009	400	160	400	0	026-013-049	37.35456	-121.112	NAD83	Delta-Mendota II GSA	Outside of E Clay
51	01-211				220	40	200	330	026-013-034	37.33366	-121.107	NAD83	Delta-Mendota II GSA	Upper and Lower
52	01-212				220	40	200	100	026-013-034	37.33944	-121.109	NAD83	Delta-Mendota II GSA	Outside of E Clay
54	01-214				400	200	400	55	026-013-029	37.35245	-121.117	NAD83	Delta-Mendota II GSA	Outside of E Clay

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