

California Department of Water Resources  
Integrated Regional Water Management Grant Programs

**CERTIFICATION FOR GROUNDWATER MANAGEMENT PLAN COMPLIANCE  
FOR THE  
PROPOSITION 84, IMPLEMENTATION AND  
PROPOSITION 1E, STORMWATER FLOOD MANAGEMENT  
GRANT PROGRAMS**

Grant Program:  Implementation  SWFM  
IRWM Region: Upper Santa Clara River  
Agency name: Castaic Lake Water Agency  
Project Title (as shown on application form): USCR Prop 84 IRWMP Implementation Grant

Please check one of the boxes below and sign and date this form.

- As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that the agency has prepared and implemented a GWMP in compliance with CWC §10753.7.
- As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that the agency participates or consents to be subjected to an existing GWMP, basin-wide management plan, or other IRWM program or plan that meets the requirements of CWC §10753.7(a).
- As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California, that agency consents to be subjected to a GWMP that will meet the requirements of CWC §10753.7 and be completed within 1-year of the grant application submittal date.
- As the authorized representative for the agency, I certify under penalty of perjury under the laws of the State of California that the agency conforms to the requirements of an adjudication of water rights in the subject groundwater basin.

I understand that the Department of Water Resources will rely on this signed certification in order to approve funding and that false and/or inaccurate representations in this Certification may result in loss of all funds awarded to the applicant for its project. Additionally, for the aforementioned reasons, the Department of Water Resources may withhold disbursement of project funds, and/or pursue any other applicable legal remedy.

DAN MASNADA [Signature]  
Name of Authorized Representative Signature  
(Please print)

GENERAL MANAGER 3/14/13  
Title Date