

SANTA YNEZ RIVER VALLEY GROUNDWATER BASIN
CENTRAL MANAGEMENT AREA GROUNDWATER SUSTAINABILITY AGENCY
WELL REGISTRATION AND REPORTING FORM

Please complete a separate Well Registration and Reporting Form for **each** well that you own and operate within the Central Management Area of the Basin. Please return completed Form(s) to the CMA Groundwater Sustainability Agency (CMA GSA) by mail to P.O. Box 719, Santa Ynez, California 93460 or via email to cmg@santaynezwater.org.

1. WELL OWNER (Attach list of all owners; also include tenants, if any.)

Name: _____

Telephone Number/Email Address: _____ / _____

Mailing Address: _____

2. WELL LOCATED ON PROPERTY

I certify that a groundwater well (or wells) exists on the property located above in Item 1.

I certify that the well (or wells) is also registered with the Santa Ynez River Water Conservation District.

3. WELL INFORMATION

Owner's Designation of Well:

Number: _____ and/or Name: _____

Check one of the following:

This well is active.

This well is inactive.

This well is abandoned. Date abandoned: _____

4. WELL LOCATION

Assessor's Parcel Number (APN): _____ Well Used to Serve APN(s): _____

Street Address (*If different than mailing address above*): _____

Well Location (Lat/Long): _____

Well Owner: _____ Well Number/Name: _____

5. ANNUAL WATER USE INFORMATION (Please see Information & Instructions attached.)

- Agricultural Use (list number of acres and crop category(ies)) _____
- Livestock Watering (number and type of animals) _____
- Domestic (number of persons served) _____
- Combined Use (check applicable boxes) _____
- Municipal or Industrial _____
- Other (specify use): _____

Structures served by this well, if any: _____

6. PUMP AND METER INFORMATION

Type of pump (turbine, centrifugal, etc.): _____

Manufacturer: _____ Horsepower: _____

Pump output (in GPM): _____

Check this box if the well has a water meter and complete the information below.

Manufacturer/Model: _____

Meter Number: _____ Electric Utility Number: _____

Type:

- Propeller Ultrasonic Electromagnetic
- Other: _____

Does the meter have a totalizer? Yes No

Meter Recording Units: (check one)

- Gallons 100s of Gallons 1000s of Gallons
- Acre-Feet HCF (hundred cubic feet) Cubic Feet
- Other – Specify: _____

Meter serves well only: Yes No If no, describe other facilities served by the meter:

7. OTHER INFORMATION (From well driller's information, escrow reports, or Santa Barbara County records)

Well Permit No.: _____ Date SB County EHS Final Inspection: _____

Date well completed: _____ Date water production began: _____

Well depth in feet: _____ Well diameter in inches: _____ Casing perforation interval: _____

Depth (in feet) to water: Static: _____ Pumping: _____ As of what date? _____

- Drillers Log Available* Electric Log Available* *Do not send

Well Owner: _____ Well Number/Name: _____

8. AGREEMENT TO REPORT WELL PRODUCTION

In accordance with CMA GSA Resolution No. 2022-002 of the Central Management Area Groundwater Sustainability Agency Policy for Administering Requests for Well Verifications, I hereby agree to register the groundwater well identified in this Form with the CMA GSA, and to report groundwater production from the well semi-annually to the CMA GSA using groundwater production reporting documentation provided by the CMA GSA.

9. DECLARATION

I declare under penalty of perjury under the laws of the State of California that this Well Registration and Reporting Form has been examined by me and the information provided herein is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Name (*please print*): _____