



1701 N Lombard Street Suite 200
Oxnard, CA 93030
(805) 525-4431

WELL REGISTRATION FORM

Welcome to United Water Conservation District. The District operates under Section 74000 of the California Water Code and this Code requires that all wells within District boundaries be registered.

If the well is a new, previously unregistered well, or a title transfer of ownership or operator, please complete all information requested on this form, to the best of your ability. If you have any problems, please call United for assistance at (805)317-8974. At your request, District field personnel are available to visit the well site and assist you in completing this registration form.

WELL NUMBER:

State Department of Water Resources Well Number: _____

(example: 03N22W11A33B)

State Water Resources Control Board Recordation Number (if known): _____

Owner's Common Name of Well (if any): _____

FORMER WELL OWNER:

Name: _____

CURRENT WELL OWNER: (If more than one party ownership, please attach a list of other owners)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Date of Ownership: _____

OPERATOR OF WELL OTHER THAN OWNER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

WELL INFORMATION

GENERAL INFORMATION

Agricultural Use

1) Crop: _____

Acres: _____

2.) Crop: _____

Acres: _____

Pumping Season

From: (Month) _____

To: (Month) _____

Domestic Use

Type of Dwellings: _____

Commercial: _____

Industrial: _____

Type of Business: _____

Number of Persons Served: _____

WELL DEPTH IN FEET

Year Well Drilled: _____

Date Well Put Into Service: _____

Depth: _____ Ft.

Static Depth: _____ Ft.

Pumping Depth: _____ Ft.

If Driller's log is available, please include it with this form.

PUMP INFORMATION

Type: _____

Manufacturer: _____

Power: 440V ___ 220V ___ 110V ___ 460 ___

H.P. _____

Efficiency Test:

By Whom: _____

Date: _____

(Please include a copy of the efficiency test with this form)

Results: KWH/AF = _____

Discharge pipe size:

Inside Diameter: _____

Outside Diameter: _____

MEASURING INFORMATION

Type of Meter: _____

Units of Measure: _____

Discharge Pressure (PSI) _____

Pump Output: _____

Serial Number: _____

Please forward the completed form with a photograph of the meter showing the meter reading, the serial number, unit of measurement, and multiplier to gwreporting@unitedwater.org. Include any available pumping history.

If you have any questions or require assistance, please call (805) 317-8974.

In the space below, please attach a Google Map image (or photocopy of map) of the well location and the property parcel. Please provide the United States Public Land Survey Numbers to show the section, township and range and the Property Parcel Number (APN): _____

PLEASE FURNISH NAMES OF STREETS, ROADS, AND/OR LANDMARKS ON SKETCH OF WELL LOCATION

NORTH

WEST

EAST

SOUTH

Place an X on the map to indicate the well's location on the property. If Public Land Survey data is not available, please make a sketch to show the well location with relationship to local roads, streets, survey corners, property lines or other identifying features.

I hereby authorize United Water to mail the Semi-Annual Groundwater Statements and other associated literature directly to the well operator. (Please check one)

Yes _____ No _____

SIGNATURE: _____

TITLE: _____ DATE: _____