

# MONTEREY COUNTY

## WATER RESOURCES AGENCY

PO BOX 930  
SALINAS , CA 93902  
(831)755-4860  
FAX (831) 424-7935

DAVID E. CHARDAVOYNE  
GENERAL MANAGER



STREET ADDRESS  
1441 Schilling Place North Building  
SALINAS, CA 93901

### Well Registration

Dear Well Owner/Operator,

According to our records you have either received a new permit for well construction or have recently drilled a new well on your parcel. On January 26, 1993, the Monterey County Board of Supervisors passed Monterey County Water Resources Agency (Agency) Ordinance No. 3660 requiring the registration of all ground water extraction facilities (wells) that meet both of the following criteria:

1. Wells that are located within Agency Zone 2, 2A, or 2B
2. Wells having a discharge pipe with an inside diameter of equal to or greater than three (3) inches

All new and repaired wells shall be registered not later than 60 days after the completion of the well by the driller, as per Agency Ordinance 3660.

Please read the attached form and instruction sheet carefully and return the completed form to the Agency, with all appropriate attachments. All packets must include a **Well Registration and Information Form**. If a water delivery service is owned and/or operated, the Agency will contact you for further information. Incomplete forms will be returned for more information.

In addition to the form, the following information must also be submitted:

- ◆ A copy of the **Well Completion Report** filed with the State of California Department of Water Resources.
- ◆ A copy of the **Monterey County Well Permit**, including any information required as a condition of the permit.
- ◆ A copy of any **Geophysical Log(s)** made during the drilling of the well.
- ◆ A **Detailed Map** showing the well (facility) location and the area served by water from the facility.

If you have any questions regarding this program or need assistance with the completion of the form, please contact the Agency's Water Quality Section staff at (831) 755-4860. Your cooperation in this important program is greatly appreciated.

Sincerely,

## Ground Water Extraction Management System

### Instructions and Definitions for Well Registration and Information Form

Please use the following definitions to aid you in filling out the following form.

**Owner-Assigned Well ID:** The common name with which the owner / operator has assigned to the well for identification purposes (e.g. Ranch 2 Pump #1)

**Assessor's Parcel Number (APN):** The Monterey County identification number for the property on which the facility (well) is located. If you need assistance obtaining the APN, please call the Assessor's Office at (831) 755-5035 or visit them at 168 West Alisal St. in Salinas to obtain the appropriate parcel maps.

**Well Location:** Write a brief description of the location of the well on the property. Include a scaled map showing the location of the well with respect to recognizable landmarks, e.g. roads, permanent structures.

#### **Water Use Category**

Residential: Water which is used indoors or outdoors by any dwelling unit.

Commercial: Water which is used by any establishment approved and/or operated for the purpose of engaging in private sector business transactions with the exception of Agriculture.

Industrial: Water which is used for the purposes of manufacturing and processing.

Governmental: Water which is used by any public agency.

Agricultural: Water which is used primarily in the commercial production of agricultural crops or livestock.

Other: Water which is used for purposes other than stated above; please specify.

#### **Type of Organization**

Individual: An organization owned and operated by a person engaged in business for personal profit.

Corporation: An association of persons created by statute as a legal entity with the authority to act and to have liability separate and apart from its owners.

Partnership: An association of two or more persons who by agreement as co-owners carry on a business for profit.

Other: Any organization not specifically stated above; please specify.

**Contact Person:** The contact person must be a person who may be contacted by the Agency during business hours and who can provide information concerning the facility and its use.



# Monterey County Water Resources Agency Well Registration and Information Form



**~Attach a copy of the State of California Department of Water Resources Well Completion Report~**  
Also include any other information provided to you by the driller, such as geophysical logs, maps, etc.

<b>Office Use Only</b>	Return completed form to: MCWRA, PO Box 930 Salinas, CA 93902	Questions? Please call 831-755-4860
<b>STATE WELL ID:</b> _____		
<b>Well Registration</b>		
<b>Well Owner</b> (as listed with the Monterey County Assessor's Office)		
Name _____	Office Phone _____	
Address _____	Cell Phone _____	
City, State, Zip _____	Fax _____	
Type of Organization? <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
<b>Well Operator</b>		
Company Name _____	Office Phone _____	
Contact Person _____	Cell Phone _____	
Address _____	Fax _____	
City, State, Zip _____		
Type of Organization? <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
<b>Well Information</b>		
<b>Log Number (from Well Completion Report)</b> _____		
Owner Assigned Well ID _____		
Assessor's Parcel Number (APN) _____		
Number of Wells on Parcel (include new well) _____		
Well Location (attach scaled map) _____		
Water Use Category? <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		
<input type="checkbox"/> Governmental <input type="checkbox"/> Agricultural <input type="checkbox"/> Other		
<b>Driller</b>		
<b>Date Drilled</b> _____		
Pump Type? <input type="checkbox"/> Turbine <input type="checkbox"/> Submersible		
Pump Manufacturer _____	Pump Serial No. _____	
Pump Motor Horsepower _____	Motor Manufacturer _____	
Pump Setting Depth _____	Motor Serial No. _____	
Discharge Pipe Diameter _____		
Booster Pump? <input type="checkbox"/> Yes <input type="checkbox"/> No      Booster Horsepower _____		
Flowmeter Manufacturer _____	Flowmeter Serial No. _____	
Electrical Meter Number _____	PG&E Plant No. _____	
Pump Efficiency Test? <input type="checkbox"/> Yes <input type="checkbox"/> No      Pumping Capacity _____ Gallons / Min		

Do you own or operate a water delivery service?      Yes      No

I hereby certify that the above is correct to the best of my knowledge.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



# Monterey County Water Resources Agency Water System Registration Form



Return completed form to: MCWRA, PO Box 930, Salinas, CA 93902  
Questions? Please call 831-755-4860

<b>Water System Registration</b>				
<b>Water System Owner</b>				
Owner Name _____		Office Phone _____		
Address _____		Cell Phone _____		
City, State, Zip _____		Fax _____		
Type of Organization? <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other				
<b>Water System Name</b>				
System Name _____		Office Phone _____		
Company Name _____		Cell Phone _____		
Contact Person _____		Fax _____		
Address _____		City, State, Zip _____		
Type of Organization? <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other				
<b>Water System Information</b>				
Total Number of Service Connections _____				
Water Use Categories (Indicate number of connections per category)				
Residential	Commercial	Industrial	Governmental	Agricultural
Total Number of Wells Serving This System _____				
Source of Water (check applicable boxes) <input type="checkbox"/> Private Well(s) <input type="checkbox"/> Water Supplier <div style="text-align: right; margin-right: 50px;">(name) _____</div>				

I hereby certify that the above is correct to the best of my knowledge.

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_