



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 and include any other information provided to you by the driller, such as geophysical logs or site maps.

MCWRA Use Only State Well ID: _____	Return completed form to: MCWRA, PO Box 930 Salinas, CA 93902 or 930-Extractions@countyofmonterey.gov	Questions? Please call 831-755-4860
Well Registration		
Well Owner (Landowner as listed with the Monterey County Assessor's Office)		
Name _____		Office Phone _____
Address _____		Cell Phone _____
City, State, Zip _____		Email _____
Type of organization? <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Well Operator		
Company Name _____		Office Phone _____
Contact person _____		Cell Phone _____
Address _____		Email _____
City, State, Zip _____		
Well Information		
Log Number (from Well Completion Report) _____		
Owner Assigned Well Name _____		
Assessor's Parcel Number (APN) _____		
Number of Wells on Parcel (include new well) _____		
Well GPS 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		
Driller _____		Date Drilled _____
Well Status (choose one): Active Standby Inactive Drilling Method _____		
Total well depth _____		Perforation/screen interval _____
Annular seal depth _____		Casing diameter _____ Casing material _____
Pump Type <input type="checkbox"/> Turbine <input type="checkbox"/> Submersible		
Pump manufacturer _____		Pump serial no. _____
Motor manufacturer _____		Motor serial no. _____
Pump motor horsepower _____		Pump setting depth _____ Discharge pipe diameter _____
Booster pump <input type="checkbox"/> Yes <input type="checkbox"/> No		Booster horsepower _____
Flowmeter manufacturer _____		Flowmeter serial no. _____
Electric meter number _____		PG&E Plant No. _____
Pump efficiency test <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pumping capacity _____		Gallons/minute _____ Kilowatt hours per acre-foot _____

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

Do you report extractions from this well to the State Board via eWRIMS? Yes No

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

Name _____ Signature _____ Date _____