

## <u>DRAFT</u> SAN ANTONIO BASIN GROUNDWATER SUSTAINABILITY AGENCY (SABGSA) INACTIVE WELL: INTENTION OF FUTURE USE FORM

## Due to SABGSA by April 1, 2026

This form should be completed for EACH well that has been registered as inactive with the San Antonio Basin Groundwater Sustainability Agency. A fillable pdf version of this form can be downloaded at: <a href="https://sanantoniobasingsa.org/metering-program/">https://sanantoniobasingsa.org/metering-program/</a>

Please return your form(s) to the San Antonio Basin Groundwater Sustainability Agency ("SABGSA") by mail to P.O. Box 196, Solvang, CA 93464 or via email to <a href="mailto:admin@sanantoniobasingsa.org">admin@sanantoniobasingsa.org</a>.

Landowner a	nd Well Informatior	<u>1</u>			
Property Owne	er Information				
Landowne	r Name:		Email:		
Well Operator	Information (if differe	nt than above)			
Contact Na	ame:		Email:		
Geographical C	Geographical Coordinates for Well (decimal degree): <u>Instructions to find coordinates</u> .				
Latitude: _		_ Longitude:	<del></del>		
SABGSA Crite	ria for Inactive Wel	<u>l</u>			
☐ The well	has <u>NOT</u> produced gro	oundwater for a peric	od of 1 year or more.		
			rates Intention of Future Use. Please check		
a.	The well does not ha	ive any defects that w	vould impair water quality.		
b.		•			
C.	The well is clearly ma	arked.			
d.	The area surroundin	g the well is clear of b	orush or debris.		
Attestation a	nd Signature of Pro	perty Owner or Pro	perty Owner's Legal Designee		
I certify and attest that the information provided on this form is true to the best of my knowledge.					
Signature		 Date	<del>-</del>		
	Property Owner Landowner Well Operator Contact Na  Well Location Assessor's Parc Geographical Co Latitude: SABGSA Crite Well Must Med The well The well the box a. b.  c. d.  Attestation a	Property Owner Information  Landowner Name:	Well Operator Information (if different than above)  Contact Name:  Well Location  Assessor's Parcel No. (APN):  Latitude:  Longitude:  SABGSA Criteria for Inactive Well  Well Must Meet ALL Criteria below to be classified as Inactive Well is maintained in a condition that demonstrate the box only if a. through d. below is accurate:  a. The well does not have any defects that we be the well is clearly marked.  d. The area surrounding the well is clear of be the contact of the contac		



## <u>DRAFT</u> SAN ANTONIO BASIN GROUNDWATER SUSTAINABILITY AGENCY (SABGSA) VERIFICATION OF WELL ABANDONMENT FORM

## Due to SABGSA by April 1, 2026

This form should be completed for EACH well that has been registered as abandoned with the San Antonio Basin Groundwater Sustainability Agency.

A fillable pdf version of this form can be downloaded at: <a href="https://sanantoniobasingsa.org/metering-program/">https://sanantoniobasingsa.org/metering-program/</a>

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1.		lowner and Well Information erty Owner Information				
	L	andowner Name:	Email:			
	Well	Operator Information (if different than above)				
	C	Contact Name:	Email:			
2.		Location ssor's Parcel No. (APN):				
	Geographical Coordinates for Well (decimal degree): Instructions to find coordinates.					
	L	atitude: Longitude:				
3.	SABGSA Criteria for Abandoned Well					
	In order to be exempt from SABGSA's well metering and reporting requirements, the well must meet ALL criteria below. Please check each box.					
		The well has <u>NOT</u> produced groundwater for a period	d of 1 year or more.			
		The well has <u>NOT</u> been maintained in a condition that	at demonstrates Intention of Future Use			
		The well was destroyed under permit from the Coundestruction permit is attached.	nty of Santa Barbara. A copy of the well			
4.		Attestation and Signature of Property Owner or Property Owner's Legal Designee  I attest that the information provided on this form is true to the best of my knowledge.				

Date

Signature