



## SAN ANTONIO BASIN GROUNDWATER SUSTAINABILITY AGENCY (SABGSA) WELL REGISTRATION FORM

All wells located within the boundaries of San Antonio Creek Valley Groundwater Basin must be registered with the SABGSA. Please fill out one form per well. A fillable pdf version of this form as well as the Frequently Asked Questions document can be downloaded at:

<https://sanantoniobasingsa.org/well-registration/>

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 [admin@sanantoniobasingsa.org](mailto:admin@sanantoniobasingsa.org).

If you **do not** have a well located on your property, you are still required to fill out items 1, 2, and 5 below and return the registration form. All new wells must be registered with the SABGSA within sixty (60) days of well completion. Any change or correction to the information provided in a previously submitted well registration form — including, but not limited to, a change in the Property Owner or Well Operator — must be reported within thirty (30) days of the effective date of the change.

### 1. Contact Information

#### a. Property Owner Information

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address(es): \_\_\_\_\_

Assessor's Parcel No. (APN): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

SAB Water District Assessment Number (if applicable):  
\_\_\_\_\_

#### b. Operator Information (if different than above)

Contact Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Well Located on Property

If you do not have a well located on your property, please check the box below. You may skip items #3 and #4. Please sign item #5 and return both pages of this registration form to the SABGSA.

☐ I certify that I do not have a well located on the property listed above in item #1.a.



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**3. Well and Current Type of Water Use Information (mark all that apply)**

**Type of Well**

- ☐ Domestic ☐ Municipal or Industrial  
☐ Agricultural / Irrigation ☐ Livestock Watering  
☐ Other (Specify use): \_\_\_\_\_

**Annual Water Use Information**

- ☐ I declare that I am a de minimis user extracting less than 2 acre-feet per year for domestic purposes only.  
☐ I declare that I use more than 2 acre-feet per year.

**4. Well Information and Location**

- a. APN: \_\_\_\_\_ State Well No. (if known): \_\_\_\_\_  
b. Well Location (Physical Address): \_\_\_\_\_  
c. Well Location (Lat/Long): \_\_\_\_\_  
d. Date of Construction (if known): \_\_\_\_\_  
e. Well Depth (below surface, if known): \_\_\_\_\_  
f. Status: ☐ Active ☐ Inactive ☐ Abandon - Date Abandon (if known): \_\_\_\_\_  
g. Who does this well serve: ☐ Only the APN listed above ☐ Additional APNs. Please list additional APNs: \_\_\_\_\_

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

Manufacturer/Model: \_\_\_\_\_

Type:

- ☐ Propeller ☐ Ultrasonic ☐ Electromagnetic  
☐ Other: \_\_\_\_\_

Does the meter have a totalizer? ☐ Yes ☐ No

Meter Recording Units:

- ☐ Gallons ☐ 100s of Gallons ☐ 1000s of Gallons  
☐ Cubic Feet ☐ HCF (hundred cubic feet) ☐ Cubic Meters

**5. 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.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date