

San Benito County Water District

30 Mansfield Road ● Hollister, CA 95024-0899 ●(831) 637-8218 ● Fax: (831) 637-7267

Registration for Water Producing Facility

To be completed and returned to the San Benito County Water District when the well is connected to power and able to produce water.

Assessor's Parcel Number:			
(Please list	the parcel num	ber on whi	ich well is located.)
Site Address:			
Well Owner:			Telephone:
What <u>date</u> was the well connected to power	er and able to	produce w	vater?
What is the purpose of the well?	☐ Agricul	tural	☐ Domestic
Does the well supply household water?	□ Yes	□ No	
Is the well used for irrigating?	□ Yes	□ No	If so, how many acres?
Horsepower of pump motor:			h.p.
Size of discharge pipe (diameter):			inches
Property Owner Signature:			Date:
Mailing Address:			

Note: A separate form must be completed for each well owned. For additional forms, go to www.sbcwd.com or contact the San Benito County Water District at (831) 637-8218.