



CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
COLORADO RIVER BASIN REGION IRRIGATED LANDS
REGULATORY PROGRAM DRINKING WATER WELL MEMBER
INFORMATION

Complete entire form if you have a drinking water well on an enrolled Assessor's Parcel Number (APN) and submit it with your well samples to an Environmental Laboratory Accreditation Program laboratory for required data entry into the State's GeoTracker database.

1. Coalition Member Information

(Personal information will not be available to the public, only APN and well sample data will be available to view through the GeoTracker database) – ***Note:** fields 1a through 1d, 1f and 1g are required to be filled out.

1a. Coalition Name*:

1e. Farm Name:

1b. Coalition Member ID #*:

1f. Member's Phone*:

1c. Member's Name*:

1g. Member's Email*:

1d. Member's Mailing Address*:

1h. Property Address (if different from mailing address):

1i. Is the coalition member also the landowner: YES (if Yes, skip boxes 2a-2d) NO

1j. Is the coalition member (including family) the only consumer of the drinking water?
 YES NO (if no, notification to all consumers and the Colorado River Basin Water Board is required if nitrate exceedance is identified)

2. Landowner Information

(Fill out if coalition member is not the landowner)

2a. Landowner's Name:

2c. Landowner's Phone:

2b. Landowner's Mailing Address:

2d. Landowner's Email:

3. Drinking Water Well Information*:

List all drinking water well on Irrigated Lands Regulatory Program enrolled parcel(s) below.

(Note: If well was previously sampled and data is entered into GeoTracker, place an “x” in column to the left of the Well Name/Field Point Name.)

X	Well Name / Field Point Name (required)	Latitude	Longitude	County (required)	Assessor Parcel Number (APN) (required)

4. CERTIFICATION

“I certify under penalty of law that to the best of my knowledge and belief, this document and any attachments submitted is, true, accurate, and complete and was prepared by me or under my direction or supervision. I am aware that there are significant penalties for knowingly submitting false information.”

4a. Signature (*required)

4b. Date

**INSTRUCTIONS
FOR
DRINKING WATER WELL MEMBER INFORMATION FORM**

***Note:** Fields with red asterisks (i.e., 1a through 1d, 1f,1g, and section 3) are the minimum data required for Geotracker entry

1. Coalition Member Information

- 1a. Coalition Name*: The Coalition you're a member of. For example, Palo Verde Outfall Coalition or Bard Unit Coalition Group.
- 1b. Coalition Member ID#*: Number given to you by the Coalition when you enrolled.
- 1c. Member Name*: Name of person who is enrolled in the Coalition.
- 1d. Member Mailing Address*: Mailing address of the enrolled member.
- 1e. Farm Name: Name of the farm that is enrolled in the Coalition.
- 1f. Member Phone*: Provide working phone number for member.
- 1g. Member Email*: Valid email address for enrolled member.
- 1h. Property Address: Address of the enrolled parcel if different from the mailing address.
- 1i. Is the coalition member also the owner?

If yes, skip boxes (2a-2d). If no, please provide landowner information.

- 1j. Is the coalition member (including family) the only consumer of the drinking water?

In the event of nitrate + nitrite as nitrogen exceedance - if yes, notify Colorado River Basin Regional Board; if no, notification required to all users and the Colorado River Basin Water Board within 10 days.


2. Landowner Information

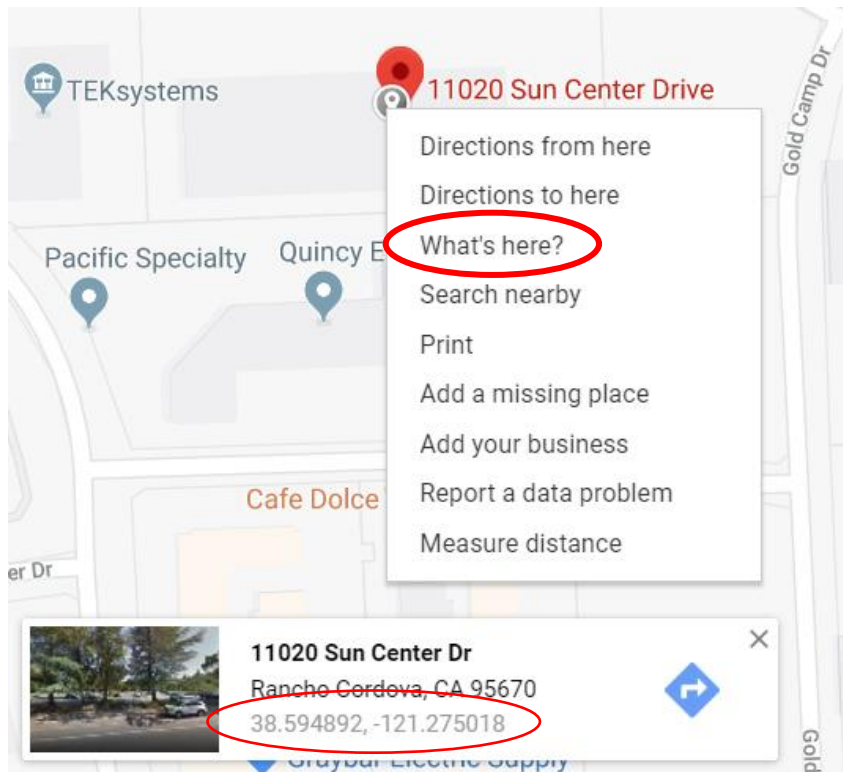
- 2a. Landowner Name: Provide name of landowner of enrolled parcel(s).
- 2b. Landowner Mailing Address: Provide a valid mailing address for the landowner of the enrolled parcel(s).
- 2c. Landowner phone: Provide valid phone number for landowner of enrolled parcel(s).
- 2d. Landowner email: Provide valid email for landowner of enrolled parcel(s).

3. Drinking Water Well Information


Well Name/Field Point Name*: Provide a specific name for each well. Name should clearly identify well for future sampling events (not to exceed 10 characters). If water is collected after a treatment system provide TRT- at beginning of Well Name (e.g., TRT-SEwell)

An "x" should be placed in the column to the left of the Well Name/Field Point Name field if the well has previously been sampled. This column will be used for previously sampled wells (within the last 5 years) for data entry or during year 2 of sampling to help the laboratory identify previously sampled wells.

Longitude and Latitude can be found by using a cell phone or computer. While using google maps **on a computer**, type in the address and search. Once the address is displayed on the map, using your mouse, right click the pin drop  select What's here? A display box should appear near the bottom of the screen.



In this case your latitude = 38.594892, longitude = -121.275018.

On your cell phone - using google maps drop a pin  (by placing finger on map and hold in place where the drinking water well is located). When a dropped pin box comes up at the bottom of the screen, scroll down to pin symbol for latitude and longitude information.

County*: The county the enrolled parcel is located.

APN*: An Assessor's Parcel Number (APN) is a unique number that is assigned to each tract of land in a county by the Tax Assessor. Please provide the APN of the enrolled parcel with the drinking water well.