



CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
CENTRAL VALLEY REGION
IRRIGATED LANDS REGULATORY PROGRAM
DRINKING WATER WELL MEMBER INFORMATION

Complete one form per ILRP membership if you have a drinking water well(s) on an enrolled APN(s). Submit complete form with your well sample(s) to an ELAP laboratory for required data entry into 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)					
1a. Coalition Name: Sac Valley WQC Subwatershed Name*:			1b. Coalition Member ID#: N/A		
1c. Member Name*:			1d. Member Mailing Address*:		
1e. Farm Name:					
1f. Member Phone*:			1g. Property Address (If different from mailing address)		
1h. Member Email:					
1i. Is the coalition member also the landowner? <input type="checkbox"/> YES (If Yes, skip boxes 2a-2d) <input type="checkbox"/> NO					
1j. Is the coalition member (including family) the only consumer of the drinking water? <input type="checkbox"/> YES <input type="checkbox"/> NO (Notification to all consumers and Central Valley Water Board required if nitrate exceedance is identified)					
2. Landowner Information (If coalition member is not landowner)					
2a. Landowner Name:			2b. Landowner Mailing Address:		
2c. Landowner Phone:					
2d. Landowner Email:					
3. Drinking Water Well Information: List all drinking water wells on ILRP enrolled parcel(s) below. <i>If well was previously sampled and data entered into GeoTracker, place an "x" in column to the left of Well Name/Field Point Name.</i>					
x	Well Name/Field Point Name*	Latitude	Longitude	County*	Assessor Parcel Number (APN)*
4. CERTIFICATION					
<i>"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.</i>					
(4a) Signature*				(4b) Date	

*Required Fields

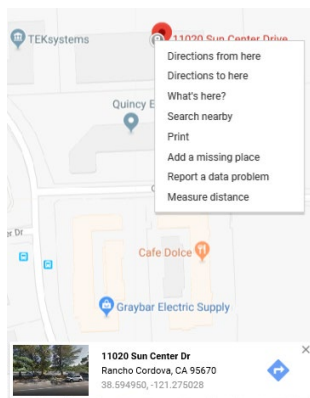
INSTRUCTIONS FOR DRINKING WATER WELL INFORMATION FORM

- 1a. Subwatershed Name*: The Subwatershed you're a member of. For example, Butte-Yuba-Sutter Subwatershed.
- 1b. Coalition Member ID#: Number given to you by the Coalition when you enrolled (Not Applicable for Sacramento Valley Water Quality Coalition members).
- 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. Property Address: Address of the enrolled parcel if different from mailing address.
- 1h. Member Email: Valid email address for enrolled member.
- 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, no further action- if no, notification required to all users and the Central Valley Water Board within 10 days.
- 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

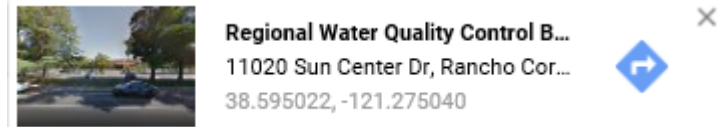
Well Name/Field Point Name*: Provide a specific name for each well. Name should clearly identify well for future sampling events (not to exceed 10 characters). If water is collected after a treatment system provide TRT at beginning of Well Name (ie. TRT-SEwell)

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: the GPS 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 = 38.595022, longitude = -121.275040.

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.

***Field with red asterisk are the minimum data required for Geotracker entry**