

## DEPARTMENT OF WATER RESOURCES

## NORTHERN REGION

2440 Main Street  
Red Bluff, CA 96080  
(530) 529-7300  
(530) 529-7322 (Fax)

## NORTH CENTRAL REGION

3500 Industrial Blvd.  
West Sacramento, CA 95691  
(916) 376-9612  
(916) 376-9676 (Fax)

## SOUTH CENTRAL REGION

3374 E. Shields Ave Ste A7  
Fresno, CA 93726  
(559) 230-3300  
(559) 230-3301 (Fax)

## SOUTHERN REGION

770 Fairmont Avenue  
Glendale, CA 91203  
(818) 500-1645 ext. 233  
(818) 543-4604 (Fax)

## WELL COMPLETION REPORT REQUEST--OWNER

California Water Code Section 13752 allows the release of copies of confidential Well Completion Reports to any person who obtains written authorization from the owner of the well. Well owners may use this form to authorize the release of a Well Completion Report by the Department of Water Resources. DWR requires the township, range, and section of the property where the well is located to start a search. Attach a map or a sketch with a north arrow, and provide as much identifying information listed below as possible; use additional paper if necessary. Sign the form, and submit it to the appropriate DWR District office.

Location of well (city and county): \_\_\_\_\_ Year drilled: \_\_\_\_\_

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

Distances and directions from cross streets or other landmarks:

---

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_ Quadrant \_\_\_\_\_ Well Use \_\_\_\_\_

Owner at time of drilling \_\_\_\_\_ Driller \_\_\_\_\_

Depth of well \_\_\_\_\_ Diameter and type of casing \_\_\_\_\_

Other identifying information, such as assessor's parcel number (on tax statement), subdivision or tract, lot number, well number, well completion report number, driller, date completed, etc.:

---

I certify that I am the present owner of the well described above.

**Complete this part only if you wish a copy sent to someone other than yourself.** Please send a copy of this Well Completion Report to:

Name (please print)

Name (please print)

Company Name (please print)

Company Name (please print)

Address

Address

City, State, and Zip Code

City, State, and Zip Code

Title:

Title:

Telephone: ( )

Telephone: ( )

FAX: ( )

FAX: ( )

Date:

Date:

E-mail:

E-mail:

Signature

Owner's Signature Authorizing Release