



# Unknown, Missing, Or Lost Abandoned Well Affidavit

PO Box 225 – Carpinteria, CA 93014

Date of Site Visit by CGSA Staff\* \_\_\_\_\_

Printed Name of CGSA Staff\* \_\_\_\_\_

Signature of CGSA Staff\* \_\_\_\_\_

I, \_\_\_\_\_, the owner of real property(ies) located at,  
\_\_\_\_\_, and containing Assessor's Parcel Number(s);

(APN \_\_\_\_\_), (APN \_\_\_\_\_)

(APN \_\_\_\_\_), (APN \_\_\_\_\_)

(hereinafter "My Property"), hereby attest to the following facts regarding the well record, listed as State Well Number (SWN): \_\_\_\_\_, associated with My Property:

1. I do not have knowledge of this well and have never seen or located an abandoned well on My Property.
2. I have never used groundwater from this well anywhere on or under My Property.
3. No well was found at the site visit performed by CGSA Staff dated above.
4. I will notify the CGSA if I locate or obtain additional information or knowledge regarding this well record.
5. If additional information or knowledge regarding this well record is obtained in the future, I acknowledge that I am responsible for complying with the Well Registration and Metering Policy.

Attest:

I certify, and in good faith swear and assert under penalty of perjury under the laws of the State of California, that the information contained herein is true to the best of my knowledge, after making reasonable inquiry.

\*CGSA Staff to provide a map showing outline of area searched and attach to this signed statement.

<b>Property Owner Printed Name</b>	
<b>Property Owner Signature</b>	<b>Date</b>