



**Ventura County  
Watershed Protection District  
Water and Environmental Resources  
Groundwater Section**

**800 South Victoria Avenue, Ventura, California 93009-1600  
Phone: (805) 654-2024**

**Monitoring Well Inspector Registration Form**

**INSPECTOR NAME** \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**STATE OF CALIFORNIA LICENSE**

STATE LICENSE NO. \_\_\_\_\_ LICENSE EXPIRATION DATE \_\_\_\_\_

Registered Civil Engineer (RCE) \_\_\_\_\_ Professional Geologist (PG) \_\_\_\_\_ Registered Geologist (RG) \_\_\_\_\_

**WORKER'S COMPENSATION INSURANCE**

CARRIER NAME \_\_\_\_\_

CARRIER ADDRESS \_\_\_\_\_

INSURANCE EXPIRATION DATE \_\_\_\_\_

**QUALIFYING EXPERIENCE** (Provide a brief description of experience which qualifies you to inspect well drilling and sealing work. Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

**I certify to the best of my knowledge that the information provided above is true and accurate. I also certify that I have reviewed Ventura County Ordinance No. 4184 and agree to comply with the provisions contained therein and any other state and local regulations pertaining to the drilling of wells.**

NAME OF APPLICANT \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

(Text of Ventura County Well Ordinance No. 4184 is available at  
[http://www.vcwatershed.org/Water&environmentalresources\\_groundwaterresources.htm](http://www.vcwatershed.org/Water&environmentalresources_groundwaterresources.htm))