Eastern San Joaquin Groundwater Authority
Domestic Well Mitigation Program
Application for Assistance

Applicant Information			
Contact Name:			
Phone Number:			
Street Address:			
City, State, ZIP:			
Assessor Parcel Number (APN):			
Well Location (Approximate GPS Coordinates)			
Latitude:		**Longitude:**	

Interim Water Supply	
Are You Requesting an Interim Water Supply?	◯ **Yes** ◯ **No**
Number of Occupants in the Home:	

Well Construction Information			
Date Constructed (if Known) :			
Is a Well Completion Report (e.g. Driller's Log) Available?	◯ **Yes (Attach Record if Available)** ◯ **No**		
Casing/Well Depth (ft):			
Perforated/Screened Interval(s) Depth (ft):			
Annular Seal Depth (if known) (ft):			
Casing Material:		**Casing Diameter (in):**	
Please attach photos of the well with your application clearly showing the well location and appurtenances (e.g. tank, motor, etc.)			

Pump Information (if Known)	
Pump/Intake Depth (ft):	
Pump Age (Known or Estimated):	
Typical Discharge Rate (gpm):	
Last Pump Test Date (Attach Record if Available):	
Last Service Date (Attach Record if Available):	

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Well Failure Information				
Date Failure Occurred:				
Issue:	☐ No Flow	☐ Pump Failure	☐ Breaking Suction	☐ Other
Comments/Description:				

Declaration of Well Driller and/or Pump Contractor		
A declaration from a licensed well driller and/or pump contractor identifying and attesting to the cause of the well failure is not required, but may be included in the space below or attached to this application.		
Contractor Company Name:		
Contact Name:		**Contact Phone:**
Contractor Address:		
Contractor License Number:		
Signature:		

Applicant			
By signing this application, I am providing permission to access my property and agree to provide information relevant to the investigation of the well failure to the Eastern San Joaquin Groundwater Authority and member agency staff and its contractors as requested and/or as required in the Domestic Well Mitigation Policy adopted September 11, 2024. I certify that the information provided on this application is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal, State, and/or Local Agency funds.			
Print Name:		**Date:**	
Signature:			

Please complete and return your application to the Eastern San Joaquin Groundwater Authority to either of the following:

By Email	**By Mail**
esjgroundwater@sjgov.org	Eastern San Joaquin Groundwater Authority PO Box 1810 Stockton, CA 95201