

ATTACHMENT II
TCWA
Well Mitigation Claim Application

For TCWA Use Only:

Application Date

Well Number/Identification

Return this form to: TCWA, 944 Whitley Ave, Suite E, Corcoran, CA 93212
Phone: 559-762-7240 **Email:** djackson@tcwater.org

SECTION I – APPLICANT

Name _____
Company (if applicable) _____
Street (or PO BOX) _____
City _____ State _____ Zip _____
Phone Number () _____

SECTION II – WELL INFORMATION

Location of the well: Latitude _____ Longitude _____

Physical description of the well location (if GPS coordinates are not available, attach map):

Please attach copies of the following Schedules or Logs, if available:

State Well Report: _____ Electric Log: _____ Aquifer Test Results: _____

Date Well Drilled: _____ Driller: _____

Driller License #: _____

Land Surface Elevation: _____ (Feet above MSL)

Total Well Depth: _____ (feet bgs)

Screened Interval: _____ (feet bgs) to _____ (feet bgs)

Depth to Water: _____ Date Measured: _____

Well Diameter: _____ (feet bgs)

Diameter of borehole: _____ (inches)

Pump set at: _____ (feet bgs)

Pump type: _____

Pump size: _____ (horsepower)

Well capacity: _____ (gpm)

Date of last well inspection: _____

(Attach copy of report if available)

SECTION III – ACKNOWLEDGEMENT

I certify that all statements and information in this application are true and correct.

Signature

Date