



Water Usage Information

PROJECT INFORMATION			
Application Number:		Application Type:	
Project Address:		Project APN:	
Applicant Name:		Title:	
Applicant Address:		City/Zip:	
Applicant Phone:		Email:	
Property Owner Name:			
Property Owner Address:		City/Zip:	
Property Owner Phone:		Email:	
SERVICES INFORMATION			
Please provide description below:			
Water Supply:		<input type="checkbox"/> Surface Water (Attach Water Rights Information)	
Domestic Wastewater Disposal:			
Process Wastewater Discharge:	Ponds:	Applicable WDR:	
Storm Drainage System:			
WATER USAGE DATA			
Provide for total water usage at full buildout		Number Persons/Day	Gallons/Person/Day
Domestic Water Usage by Employees/Customers:			Total Gallons/Day
		Type of Process/Irrigated Lands	Total Gallons/Day
Process Water Usage:			
Process Water Usage:			
Irrigation Water Usage:			
Total Gallons Per Day:			

PROPOSED WELL LOCATION					
Well Location Address:				City:	
Well Location APN:					
Well Latitude:		Well Longitude:			
Flood Plain Designation:		Well Elevation:			
PROPOSED WELL INFORMATION					
Well Total Depth (ft):		Acres to be Served by Well:			
Use of Well:	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Small Public Water Supply <input type="checkbox"/> Municipal Public Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Other:				
Depth of Corcoran Clay (ft):					
Proposed Well Capacity (gal/ft):		Estimated Pumping Rate (gal/min):			
Anticipated Pumping Schedule (gal/day):		Estimated Annual Extraction Volume (acre-feet):			
Estimated Cumulative Extraction Volume before January 1, 2020 (acre-feet):					
SITING INFORMATION					
Distance To Nearest (ft):	Onsite:	Offsite:	Distance To Nearest (ft):	Onsite:	Offsite:
Wastewater Treatment System:			Sources of Contamination:		
Other Wells:			Pond/Lake:		
Sewer Lines:			Stream/River:		
Animal or Fowl Enclosure:			Navigable Waterway:		
Storm Drainage System:			Potential Recharge Features:		
GROUNDWATER INFORMATION					
	Depth (ft):	Source/Date of Reference:		Groundwater Subbasin:	
Current Depth to Water:				<input type="checkbox"/> Cosumnes Subbasin (2-22.16)	
Highest Depth to Water:				<input type="checkbox"/> Eastern San Joaquin Subbasin (5-22.01)	
Lowest Depth to Water:				<input type="checkbox"/> Tracy Subbasin (5-22.15)	

EXISTING WELLS INFORMATION				
Total Number Existing Wells on Property:		Please complete the information below for every well on property. Use extra paper if needed.		
Well #1 Information				
Use of Well:	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Small Public Water Supply <input type="checkbox"/> Municipal Public Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	
Well #2 Information				
Use of Well:	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Small Public Water Supply <input type="checkbox"/> Municipal Public Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	
Well #3 Information				
Use of Well:	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Small Public Water Supply <input type="checkbox"/> Municipal Public Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	

MAP INFORMATION
A project site map must be attached to this form and shall include the following information:
<ul style="list-style-type: none"> Legal lot and parcel dimensions. All well locations on legal lot and parcel with type and use information shown for each well. All onsite sewage treatment systems, stormwater ponds, process water ponds, and other sources of potential contamination. Distance from proposed well to any potential sources of pollution onsite and on adjacent properties, including: <ul style="list-style-type: none"> Existing or proposed onsite sewage treatment systems, wells, animal or fowl enclosures, transmission lines, sewer lines. Distance from ponds, lakes, rivers and streams within 300 feet and navigable water ways within one mile. For wells below Corcoran clay, map must show location of canals, ditches, pipelines, utility corridors, and roads within two miles.



WATER PROVISION DECLARATION

Facility Business Name: _____

Facility Address: _____
Street City Zip

Facility Business Owner Name: _____ Phone: _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____
Street City Zip

WATER PROVISION INFORMATION

1. Number of **houses, mobile homes, or other occupied buildings** served by the water well(s): _____

2. Number of **employees** at the facility per shift: _____ Number of shifts: _____

3. Total number of **employees, customers, and visitors** at the facility per month, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

4. Number of days that total number of **customers, visitors and employees** frequent the facility per month:

January		April		July		October	
February		May		August		November	
March		June		September		December	

5. Number of **yearlong residents**: _____

6. Number of **residents per month**, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

I declare under penalty of perjury that the statements on this application are correct to my knowledge. It is the owner's responsibility to notify this office if the water provision information of the facility changes.

Facility Business/Property Owner: _____ Date: _____
Signature