



Well Exemption Statement

Pursuant to California Water Code, Section 13808, all new wells that do not meet the exemption criteria must submit additional information prior to the issuance of a permit by the Environmental Health Department. This form must be completed to document the exemption criteria applicable for the new well application.

| WELL LOCATION AND OWNER INFORMATION | | | |
|-------------------------------------|--|-----------------------|--|
| Well Location Address: | | City: | |
| Well Location APN: | | | |
| Applicant Name: | | Applicant Title: | |
| Applicant Address: | | City: | |
| Applicant Phone: | | Applicant email: | |
| Property Owner Name: | | | |
| Property Owner Address: | | City: | |
| Property Owner Phone: | | Property Owner email: | |

EXEMPTION CRITERIA

Well meets any of the following Exemptions:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Well not located in a critically overdrafted basin. <input type="checkbox"/> Tracy Subbasin (5-22.15) <input type="checkbox"/> Cosumnes Subbasin (5-22.16) |
| <input type="checkbox"/> | New well owner will be a de minimis extractor: maximum two acre-feet (651,702 gallons) or less per year being extracted for domestic purposes only. |
| <input type="checkbox"/> | Replacement well with same extraction as the existing well that it is replacing. To meet this exemption the existing well must be destroyed under permit or continue to be used for domestic purposes with total domestic extractions remaining two acre-feet or less per year. Purpose/use of existing well: <input type="checkbox"/> Serve an existing residence <input type="checkbox"/> Irrigate residential landscape New well estimated annual extraction volume: _____ Existing well estimated annual extraction volume: _____ Total Annual Domestic Use Volume: _____ |
| <input type="checkbox"/> | Public agency that substantially meets or exceeds these requirements through another requirement of the law. In order to be exempt, the applicant shall document the laws that substantially meet or exceed these requirements and how the requirements of those laws were met. |
| <input type="checkbox"/> | A city or county municipal well to provide water supply solely for residents of the city or county. |

I hereby certify that the information I have provided in this statement is accurate and truthful.

| | | | |
|-------------------------|--|-------|--|
| Signed: | | Date: | |
| Statement completed by: | <input type="checkbox"/> Well Driller <input type="checkbox"/> Well/Property Owner <input type="checkbox"/> Other: | | |