

Chowchilla Subbasin

Domestic Well Mitigation Program

Program Application

Revised December 1, 2022

Background: The Domestic Well Mitigation Program (Program) is a cooperative effort funded and implemented by the Groundwater Sustainability Agencies (GSAs) in the Chowchilla Subbasin (Subbasin) through a Memorandum of Understanding (MOU). The GSAs in the Subbasin include; Chowchilla Water District, Madera County, Triangle T Water District, and Merced County. Collectively, and consistent with the Sustainable Groundwater Management Act (SGMA), the GSAs agree to mitigate for current or anticipated domestic well impacts resulting from declining groundwater levels that occur from groundwater management activities outlined in the Groundwater Sustainability Plan (GSP) through creation and implementation of this Program.

Instructions: Sections 1 and 2 of this Program Application shall be completed by the property owner of record (Applicant). Completion of this Program Application by the Applicant is not a guarantee of Program eligibility and does not bind the GSAs in the Subbasin to provide mitigation as may be afforded under this Program. This Program Application is intended to initiate the review process. Should the Applicant qualify for mitigation under the Program, additional consultation, analysis, and documentation will be required.

Initial well assessment: Prior to submission of this Program application, the Applicant shall complete an initial well assessment using one of the Preferred Contractors. A list of Preferred Contractors may be obtained by contacting the Program Manager as shown below. The initial well assessment must clearly identify and document the current or anticipated operational issue(s) associated with the well for which mitigation is being sought.

One-time Fee: Costs associated with determining Program eligibility shall be covered by the Applicant through a one-time fee of \$100. Review of this Program Application will not be initiated until receipt of the one-time fee is received by the Program Manager. If the Applicant is awarded mitigation under the Program, the one-time fee will be reimbursed. Payments shall be delivered to and made payable to:

Chowchilla Water District
Attn: Chowchilla Subbasin Domestic Well Mitigation Program Manager
327 South Chowchilla Boulevard
Chowchilla, CA 93610

1. Applicant Information					
Last Name: Last Name		First Name: First Name		Middle: Middle Name	
Mailing Address: Mailing Address			City: City	State: CA	ZIP: ZIP
Property Address: Property Address			City: City	State: CA	ZIP: ZIP
Phone: Phone Number	Secondary Phone: Phone Number		County: County		
E-mail Address: E-mail Address				Date: Date	

2. Property Information					
Parcel Number: Parcel Number			Do you live on Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Occupants at Dwelling: # of Occupants	
Well Primary Purpose is to Meet Domestic Needs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Well completion report and any other well construction information attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you participated in the program previously for this well? <input type="checkbox"/> Yes <input type="checkbox"/> No		Initial Well Assessment Completed and Summary Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Temporary Mitigation Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status of Well? <input type="checkbox"/> Producing <input type="checkbox"/> Not Producing	Depth of Well: Well Depth	Depth to Water: Depth to Water	Age of Well: Age of Well	Pump Capacity in GPM: GPM
Reasons for Current or Anticipated Dry Well: Please describe reason(s) for current or anticipated dry well					

3. To be Completed by Program Manager		
Program Application Received by:	Date of Receipt:	Program Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Well Assessment Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Review Applicability and Nexus to other Regional Programs	
Program Application Referred to:	One-time fee received? <input type="checkbox"/> No <input type="checkbox"/> Yes: Check Number: _____	