**Attachment 1**

# CENTRAL DELTA-MENDOTA GROUNDWATER SUSTAINABILITY AGENCY

## Well Metering Exemption Request

*Submitted Pursuant to Administrative Policy Number Two – Well Metering and Reporting (Adopted March 26, 2026)*

This form is to be completed in its entirety by a well owner requesting that the CDMGSA Board of Directors consider an exemption from the metering requirement for an inactive production well. Submission of this form does not guarantee approval. Please attach current photographs of the well and wellhead as indicated below, and submit the completed form to administration@cdm-gsa.com or by mail to Santa Nella County Water District, 12931 CA-33, Gustine, CA, 95322.

### 1. Landowner / Well Owner Information

**Name of Well Owner:**

**Member Agency:**

**Mailing Address:**

**Phone Number:**

**Email Address:**

### 2. Well Identification

**Well ID / Registration No.:**

**Assessor's Parcel Number (APN):**

**County:**

**Latitude / Longitude (if known):**

**Physical Location / Address of Well (if known):**

### 3. Well Pumping History

**Date the well was last used to pump groundwater (month/year, or "unknown"):**

**Date the well was installed (if known):**

**Approximate total period of time the well has been inactive:**

**Attachment 1**

**Describe the historical use of the well prior to becoming inactive (e.g., irrigation, domestic, stock watering) and reason pumping stopped:**

## 4. Current Condition and Status of the Well

**Describe the current physical condition of the well and wellhead (e.g., capped, sealed, disconnected from pump/power, condition of casing):**

- ☐ Well is physically capable of pumping if reconnected
- ☐ Well is disconnected from pump and/or power source
- ☐ Well is capped or sealed
- ☐ Well owner intends to formally abandon/destroy the well (attach details, if applicable)

**Does the Well Owner intend to use this well in the future? If so, describe anticipated use and timeframe:**

## 5. Basis for Requested Exemption

**Explain why this well should be exempted from the Well Metering Policy's metering requirement (e.g., cost burden, well status, alternative means of verifying non-use):**

## 6. Required Attachments

- ☐ Photograph(s) of the wellhead showing current condition (required)
- ☐ Any supporting documentation (e.g., prior correspondence with CDMGSA, well destruction report, power disconnection records)

## 7. Certification

## Attachment 1

I certify, under penalty of perjury under the laws of the State of California, that the information provided in this request, including all attachments, is true and correct to the best of my knowledge. I understand that the CDMGSA Board of Directors retains sole discretion to grant, deny, or condition any exemption, and that the CDMGSA or its agents may inspect the well to verify the information provided.

☐ Pursuant to Res. 2026-05 Adopting the Miscellaneous Fee Schedule, I certify that I will provide notice to the CDMGSA of any change in status from inactive and non-metered to active at least 30 days prior to any change in status.

**Signature of Well Owner:**

**Date:**

**Printed Name:**

**Title (if applicable):**

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**For CDMGSA Office Use Only**

**Date Received:**

**Staff Reviewer:**

☐ Referred to Board of Directors for consideration — Meeting Date:

**Board Action:** ☐ Approved ☐ Denied ☐ Approved with Conditions