

**Eastern Tule  
Groundwater Sustainability Agency  
Groundwater Level Impact Claim Form**

Claimant Information	
<b>Contact Name:</b>	<b>Well Location Sketch:</b>
<b>Phone Number:</b>	
<b>Mailing Address:</b>	
<b>Well Name:</b>	
<b>Well Location (APN/Address/Description):</b>	
<b>Well Type:</b>	
<input type="checkbox"/> Domestic	

Interim Water Supply	
<b>Does the Claimant Request an Interim Water Supply?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Number of Residences/Business Served (If Applicable):</b>	
<b>Number of Cropped Acres and Crop Type (If Applicable):</b>	
<b>Estimated Daily Water Use (Gallons, Cubic Feet, or Acre-Ft):</b>	

Well Construction Information	
<b>Is a Department of Water Resources Well Completion Report (i.e. Driller's Log) Available?</b>	<input type="checkbox"/> Yes (Attach if Available) <input type="checkbox"/> No
<b>Casing/Well Depth (ft):</b>	
<b>Perforation Interval(s) (ft):</b>	
<b>Casing Material:</b>	<b>Casing Diameter (inches):</b>
<b>Date Constructed (If Known) and/or Well Age (Estimated):</b>	
<b>Date of Last Video Survey (If Available):</b>	
<b>Well Photos Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Pump Information	
Type: <input type="checkbox"/> Submersible	<input type="checkbox"/> Vertical Turbine
Intake Depth (ft):	Motor Size (horsepower):
Age (Known or Estimated):	Typical Discharge Rate (gpm):
Last Pump Test Date (Attach Record if Available):	
Last Service Date (Attach Record if Available):	

Issue Status	
Date Issue Arose:	
Issue: <input type="checkbox"/> No flow <input type="checkbox"/> Reduced Flow <input type="checkbox"/> Breaking Suction <input type="checkbox"/> Future Concern	
Comments/Description:	
Static Water Level (ft):	Pumping Water Level (ft):
Status: <input type="checkbox"/> Not Resolved, Contractor not Contacted (Note: Contacting a Contractor Not Required) <input type="checkbox"/> Not Resolved, Contractor Provided Estimate (attach estimate if applicable) <input type="checkbox"/> Resolved (attached records if applicable)	
Contractor Company Name:	
Contractor Contact Name:	Contact Phone Number:
Contractor Address:	

Applicant	
By signing this Groundwater Level Impact Claim Form, the applicant agrees to provide the GSA with access to the well for the Wellhead Investigation.	
Print Name:	Date:
Signature:	

GSA Use Only	
Received By:	Date: