

WELL PROTECTION PROGRAM ELIGIBILITY INFORMATION

Name of property owner:

Property parcel number:

Address

City

State

Zip

Phone Number:

E-mail address:

PLEASE CONTINUE ON REVERSE

SIDE A

Number of wells on parcel	
Estimated age of well(s)	
Size of pump motor(s)	
Is well(s) currently in use?	
<p><i>By applying for eligibility in the North Vineyard Well Protection Program, I acknowledge that any claims that I may make under the terms of this Program constitute the full extent of reimbursement to which I am entitled related to the operation of the Excelsior Road Well Field.</i></p>	
OWNER SIGNATURE _____	DATE _____

SIDE B

If you have any questions regarding this program, please contact Jody Hashigami at (916) 874-4256, or by e-mail at hashigamij@saccounty.net.