



| Applicant Information | |
|---------------------------|--|
| Owner/Applicant Name | |
| Address | |
| APN | |
| APNs for Adjacent Parcels | |
| Well Permit Number | |
| Contact Email | |
| Contact Phone | |

| Property Information | |
|--|---------------|
| Reason for Changing Existing Well | |
| What is planted onsite now? | Date planted: |
| Proposed Change | |
| Please Include Photos of the Property | |

I _____ understand that there is an ordinance in place that does not allow for new irrigated agricultural land without first obtaining an agriculture offset clearance. This ordinance also states that no well modifications can take place on agricultural wells without satisfying the provisions of the Agricultural Offset Requirement.

 Signature

 Date