



ARTESIAN WELL REBATE PROGRAM APPLICATION

Property Owner Information

Property Owner Name:

Mailing Address:

Email Address:

Phone Number:

Property Information

Well Location Address:

Parcel Number:

Artesian Well State Well Number

The well is used for (circle all that apply below):

Agriculture
Cannabis
Nursery / Geothermal
Industrial

Golf
Duck Club
Fish Farm
Lake
Polo / Turf

Municipal
Small Water System
Private Domestic
Other (explain):

Rebate Information

Provide brief description of work needed: (Attach additional details and Well Contractor Quote)

Name of Well Contractor:

License Number:

Estimated Project Cost:

Estimated Completion Date:

Artesian Well Rebate Program Authorization

1. I hereby authorize Coachella Valley Water District (CVWD) staff access to the above listed properties and parcels to inspect groundwater wells and related water conveyance facilities, and surface water conditions. Access to the properties includes permission to photo document existing conditions.

2. I will work collaboratively with CVWD to provide documentation of work completed to properly cap, seal, modify, repair, or destroy the artesian well(s) on my properties. I understand satisfying these requirements are a prerequisite for consideration for this rebate.

3. I understand all rebates (i.e. awards) over \$600.00 require the completion and submittal of a W-9 Request for Taxpayer Identification Number and Certification form. CVWD will use the applicant's W-9 information to issue a 1099-MISC Miscellaneous Income form to the Internal Revenue Service (IRS) and award recipient on or before January 31st of each year. All individuals or entities are obligated to report awards to the IRS which may have tax implications.

4. I certify the above information is true and correct and that I have read, understood, and agree to the requirements listed in the guidelines on this application. I voluntarily apply for a rebate of up to \$7,500 per well.

Property Owner Signature:

Date Signed:

Please complete, sign, and date this form and return to CVWD to initiate review.*

- Mail to CVWD, Attention: Levi Anderson P.O. Box 1058 Coachella, CA, 92236.
- Or, drop off the completed form to the attention of Levi Anderson at CVWD's Critical Support Services Building located at 75519 Hovley Lane East, Palm Desert, CA, 92260.
- Or, complete, sign, and date this form, scan a copy and email to [LAnderson@CVWD.org](mailto:Anderson@CVWD.org)
- You may call Levi Anderson with questions at (760) 398-2651, ext. 2142.

*Rebates will be reserved after applicant satisfies all qualifying conditions and CVWD provides written approval of this application. If work on the project is not initiated in 45 days of an approved application, the funds will no longer be reserved for the applicant's project.