



Permit No. 20 _____ - _____

APPLICATION FOR WELL CONSTRUCTION OR DESTRUCTION

THIS PERMIT EXPIRES 1 YEAR FROM DATE ISSUED

Application is hereby made to the Stanislaus County Department of Environmental Resources (D.E.R.) for a permit to construct and/or destroy the work herein described. PLEASE NOTIFY THIS DEPARTMENT (USING PERMIT # AND D.W.R. WELL DRILLERS REPORT) WHEN WELL WORK IS COMPLETED.

Job Address/Location: _____ City: _____

Distance & Direction from the Nearest Cross Streets: _____

Property Owner's Name: _____ Phone: _____

Mailing Address: _____ City/State: _____

Water Agency: Yes No Water Agency Name: _____

Contractor's Name: _____ License #: _____ Phone: _____

Type of Work: New Well Destruction Other _____

If a new well, give number of new wells to be installed on property or in close proximity now or within 6 months _____

Intended Use: Agricultural Irrigation Industrial Domestic/Private Domestic/Public Cathodic Protection Geothermal Dewatering Other _____

Conveyance: Will water from this well be relocated from parcel of origin? Yes No
Will water from this well be relocated to out-of-county? Yes* No
*Provide water agency authorization

Existing Well Present: Yes No Status: Active To be destroyed Inactive

Community Service District: N/A Within C.S.D. of _____

Distance to Nearest: Septic tank _____ Disposal Field _____ Seepage Pit _____ Dry Well _____
Pit Privy _____ Animal Enclosure _____ Other Well _____
Dairy Lagoons _____ Dwellings _____ Property Lines _____

Construction Specifications: Drilled Cable Tool Gravel Pack Rotary Other
Diameter of Excavation _____ Diameter of Well Casing _____ Gauge of Casing _____
Estimated GPM _____ Estimated Finished Well Depth _____
Sealing Material _____ Grout Manufacturer _____ Grout name _____
Proposed Depth of Grout Seal _____ Proposed # of bags _____
Seal Method: Free Fall Tremie Hose (Force) Tremie Hose (Gravity)

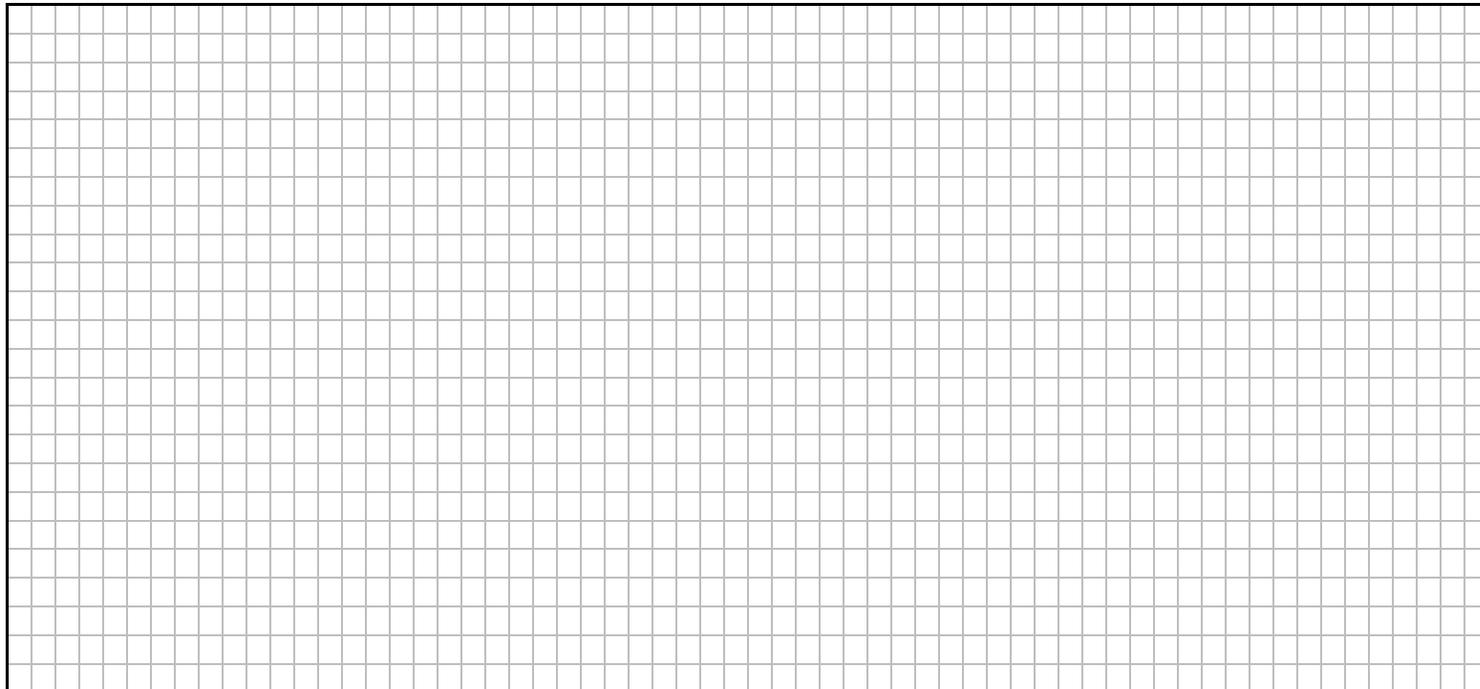
Destruction Specifications: Diameter of Well Casing _____ Proposed Depth of Grouting _____
Sealing Material _____ Grout Manufacturer _____ Grout name _____
Seal Method: Free Fall Tremie Hose (Force) Tremie Hose (Gravity)
Describe method if different than minimum state standards: _____

PLOT PLAN

(Indicate Distances in Feet)

1. Name of street and distance from nearest cross roads to well site.
2. Outline of the property, easements.
3. Outlines and locations of all existing and proposed structures, including covered areas such as patios, driveways, and walks.
4. Location of house sewer outlet, public sewer, sewage disposal system, or proposed sewage disposal system, proposed expansion of sewage disposal system, industrial waste pond, or any other possible source of contamination.
5. Location of other wells within radius of 300 feet on the property or adjoining property.
6. Location of sewage disposal system on adjoining property or within a radius of 100 ft. (private well) 150 ft. (public well).

NORTH ↑



Written description of well location (if not visible from road): _____

I HEREBY CERTIFY THAT I HAVE PREPARED THIS APPLICATION AND THAT THE WORK WILL BE DONE IN ACCORDANCE WITH THE PROVISIONS OF THE LAWS OF THE STATE OF CALIFORNIA, THE ORDINANCES OF THE COUNTY OF STANISLAUS AND THE RULES AND REGULATIONS OF THE STANISLAUS COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES (DER). DER WILL BE CONTACTED FOR INSPECTION OF ANNULAR SEAL INSTALLATION, AND AFTER WELL WORK HAS BEEN COMPLETED.

1. All existing wells within a 300 foot radius of the proposed new well(s) on the property or adjoining property have been located and so indicated.
2. Proposed well(s) will be located at least 50-150 feet from any sewage disposal system on property or adjoining property.
3. Submit well completion report on all wells drilled, as notice of well work completion.

SIGNED: _____ DATE: _____
(C57 CONTRACTOR AS AUTHORIZED REPRESENTATIVE)

D.E.R. USE ONLY

Latitude: _____ Longitude: _____ T. _____ R. _____ Sec. _____ A.P.N: _____

Plot Card Available: Yes No G.I.S. Information Available: Yes No

Actual Grout Seal Depth: _____ Actual Sealing Material Used: _____

Claimed Clay Layer Depth at: _____ Conditions of Approval: None Description: _____

HAZMAT Mitigation Review: _____ Date: _____

Resource Management Review: _____ Date: _____

Permit Approval by: _____ Date: _____

Grout Seal inspected by: _____ Date: _____

Final Inspection by: _____ Date: _____