



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)

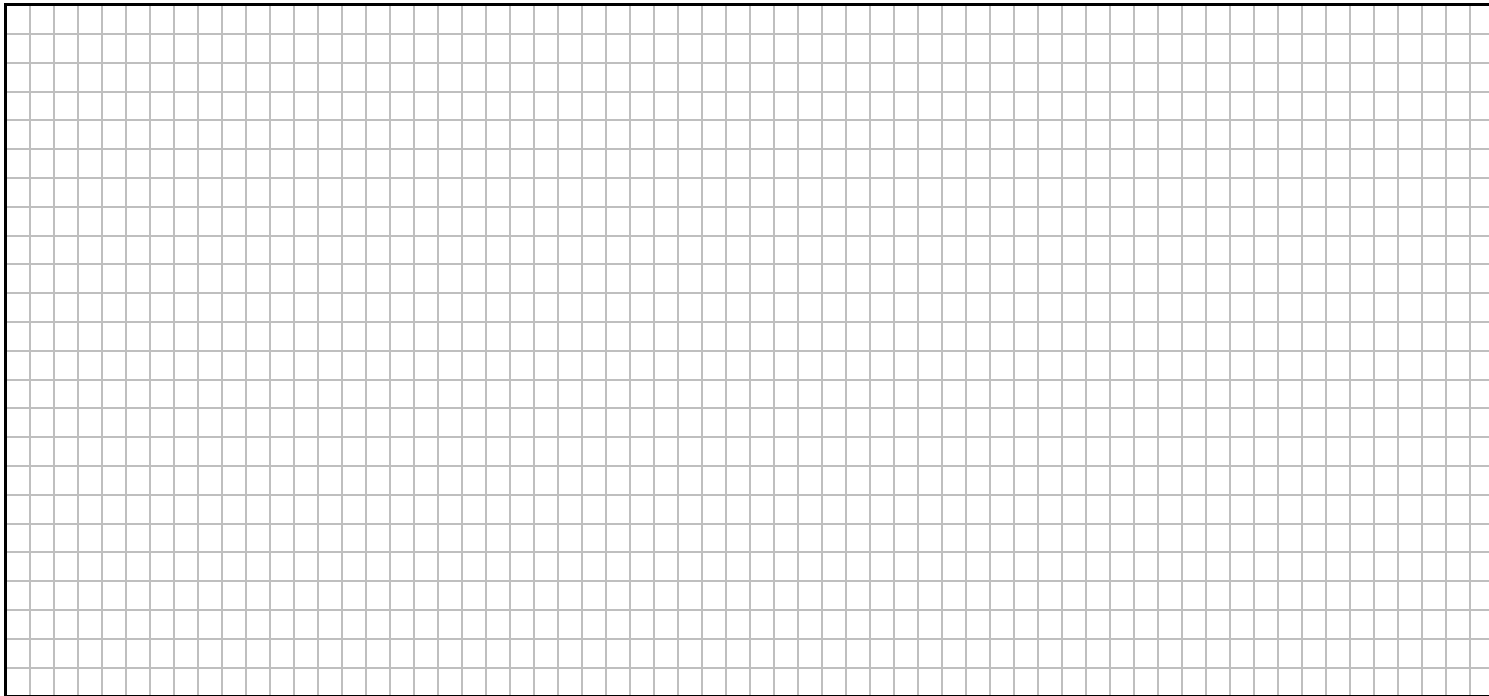
Destruction Specifications: Diameter of Well Casing \_\_\_\_\_ Proposed Depth of Grouting \_\_\_\_\_
Sealing Material \_\_\_\_\_ Grout Manufacturer \_\_\_\_\_ Grout name \_\_\_\_\_
Seal Method:  Free Fall  Tremie Hose (Force)  Tremie Hose (Gravity)
Describe method if different than minimum state standards: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

# 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: \_\_\_\_\_