WELL DESTRUCTION PERMIT

PUBLIC WATER SYSTEM ☐ Yes ☐ No

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT **600 E MAIN STREET - STOCKTON CA 95202 - (209) 468-3420**

NON-REFUNDABLE PERMIT **CALL (209) 953-7697 FOR INSPECTIONS** **EXPIRES 1 YEAR FROM DATE ISSUED**

SITE ADDRESS:

JOB ADDRESS _____ **CITY/ZIP** _____

CROSS STREET _____ **APN** _____ **PARCEL SIZE** _____ **LAND USE APPLICATION #** _____

OWNER _____ **PHONE** _____

OWNER ADDRESS _____ **CITY/STATE/ZIP** _____

CONTRACTOR _____ **PHONE** _____

CONTRACTOR ADDRESS _____ **CITY/STATE/ZIP** _____

C-57 WELL DRILLING **LICENSE NUMBER** _____ **EXPIRATION DATE** _____

PERFORATION CONTRACTOR _____ **PHONE** _____

PERFORATION CONTRACTOR ADDRESS _____ **CITY/STATE/ZIP** _____

☐ C-57 Well Drilling — License Number _____ Expiration Date _____

Bureau of Alcohol, Tobacco and Firearms - Users of High Explosives — License Number _____ Expiration Date _____

CHP Hazardous Material Transportation for Explosives — License Number _____ Expiration Date _____

San Joaquin County Sheriff-Coroner Explosives Application and Permit — License Number _____ Expiration Date _____

California Occupational Safety Health - Blaster — License Number _____ Expiration Date _____

REASON FOR DESTRUCTION ☐ Dry ☐ Replacement Well ☐ Caved In ☐ Pit Well ☐ Inactive ☐ Test Hole

Detected / Suspected **Well Water Contaminant(s)** _____

Adjacent property with **contamination** (Address) _____

Known Soil / Water **contaminants** at adjacent property _____

EXISTING WELL CONSTRUCTION DETAILS ☐ Open Bottom ☐ Gravel Pack ☐ Uncased ☐ Other _____

Well Log copy attached ☐ Yes ☐ No **Grout Seal** ☐ No ☐ Yes _____ ft below ground surface (bgs) **Hole Diameter** _____ inches

Well Conductor Casing ☐ Yes ☐ No **Depth of Conductor Casing** _____ ft bgs **Diameter of Conductor Casing** _____ inches

Well Casing Diameter _____ inches **Total Depth** _____ ft **Depth to Water** _____ ft **Depth of Casing** _____ ft bgs

DESTRUCTION SPECIFICATION

Sealing Material from _____ ft bgs to _____ ft bgs **Filler Material** _____ from _____ ft bgs to _____ ft bgs

Well casing to be perforated by one of the following methods: _____ **from** _____ ft bgs **to** _____ ft bgs

☐ **Mills Knife** _____ Number of cuts every _____ ft and / or _____

☐ **Explosives** ☐ Detonating cord ☐ with projectiles every _____ ft ☐ without projectile

☐ Detonating cord and boosters ☐ with projectiles every _____ ft ☐ without projectile

☐ **Other** _____

Sealing Material **Neat Cement** *(94 lb bag / 5-6 gal water)* **Sand Cement** _____ *sack mix* / 7 gal water **Bentonite Pellets**

Bentonite (20% solids) Manufacturer Spec % solids _____ % Name _____ Specs on File Specs Submitted

Placement Method Pumped Free Fall Other _____

Seal Completion Complete with **Mushroom Cap** _____ ft bgs Complete to **Existing Surface Pad**

I HEREBY CERTIFY THAT I HAVE PREPARED THIS APPLICATION AND THAT THE WORK WILL BE DONE IN ACCORDANCE WITH SAN JOAQUIN COUNTY ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS. I ALSO CERTIFY THAT MY REQUIRED LICENSE IS CURRENT AND ACTIVE WITH THE CALIFORNIA CONTRACTORS STATE LICENSE BOARD AND THAT I AM IN COMPLIANCE WITH ALL WORKERS COMPENSATION LAWS.

MINIMUM 24 HOUR ADVANCE NOTICE REQUIRED FOR INSPECTIONS

CONTRACTORS SIGNATURE _____ **TITLE** _____ **DATE** _____

DEPARTMENT USE ONLY

Application Accepted By _____ Date _____ Area _____

Destruction Inspection By _____ Date _____ Employee ID# _____

COMMENTS _____

PE Codes	SC Info	Received By	Check#/ Cash	Amount Remitted	Date	Permit/ Service Request #	Invoice #	Well ID#