Application is hereby made to San Joaquin County for a permit to construct and/or install the work described. This application is made in compliance with San Joaquin County Development Title, Chapter 9-1115.3, and the San Joaquin County Well Standards.

**CONSTRUCTION WORK TO BE PERFORMED:** *Note: Offsite Borings/Wells Require Access Agreements or Encroachment Permits*

<table>
<thead>
<tr>
<th>TYPE OF WELL/BORING</th>
<th>NUMBER</th>
<th>INSTALLATION TYPE</th>
<th>CONSTRUCTION SPECIFICATIONS</th>
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<tr>
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<td>BORING DEPTH</td>
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<td>DIA. OF BOREHOLE</td>
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<td>CASING THICKNESS</td>
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<td>TYPE OF CASING: STEEL, PVC, OTHER</td>
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<td>STOVE PIPE</td>
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<td>MULTIPLE CASINGS</td>
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<td>MULTIPLE-LEVEL WELL</td>
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<td>CASING Depth:</td>
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**DESTRUCTION WORK TO BE PERFORMED:**

- **OVER-BORE**
  - Diameter of __________ inches to depth of __________ feet
- **PRESSURE GROUT**
  - To depth of __________ feet below surface
- **EXPLOSIVES**
  - From __________ to __________ feet below surface
- **MUSHROOM CAP**
  - 3 feet below surface or __________ feet below surface if >3 feet

**COMMENTS:**

I hereby certify that I am authorized to complete this application and that the work will be done in accordance with San Joaquin County Ordinance Codes and Standards, and all other applicable California laws.

Signed ______________________________ Title/Company ______________________________
Print Name ______________________________ Date ______________________________

---

**DEPARTMENT USE ONLY**

Application Accepted By: ______________________________ Date Issued: __________________
Grout Inspection By/Date(s): __________________
Destruction Inspection By/Date(s): __________________

**Facility/Site Information**

<table>
<thead>
<tr>
<th>FA Name</th>
<th>FA Address</th>
<th>FA#</th>
<th>PR#</th>
</tr>
</thead>
</table>

FA PE: __________________
WP Reviewed By: __________________ Work Plan Date: __________________

- C-57
- C-57 Authorization for Other to Sign Permit
- Worker's Comp
- Worker's Comp Waiver
- Encroachment Permit
- Access Agreement
- Lead Agency Approval
- MFR

**COMMENTS/CONDITIONS:**

<table>
<thead>
<tr>
<th>WP TYPE</th>
<th>PE</th>
<th>SC</th>
<th>FEE INFO</th>
<th>AMT REMITTED</th>
<th>CHECK#</th>
<th>RECVD BY DATE</th>
<th>WELL PERMIT#</th>
<th>INVOICE#</th>
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</table>
JOB ADDRESS: ___________________________ PERMIT WP #: __________________

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the California Business and Professions Code and my license is in full force and effect.

Contractor Name: ____________________________________________________________
License #: ___________________________ Expiration Date: ________________________
Signature: ___________________________ Title: ________________________________
Print Name: ___________________________ Date: ________________________________

WORKERS’ COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: (check one)

☐ I have and will maintain a certificate of consent to self-insure for workers’ compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain workers’ compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers’ compensation insurance carrier and policy numbers are:

Carrier: ___________________________ Policy #: ___________________________ Exp. Date: ___________________________

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers’ compensation law of California, and agree that if I should become subject to workers’ compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Signature: ___________________________
Print Name: ___________________________

WARNING: FAILURE TO SECURE WORKERS’ COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO $100,000, IN ADDITION TO THE COST OF COMPENSATION, INTEREST, ATTORNEY’S FEES, AND DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE

AUTHORIZATION FOR OTHER THAN C-57 SIGNING PERMIT APPLICATION

I, ____________________________, hereby authorize ____________________________
(Insert name of C-57 Licensed Authorized Representative)

Print Name of Authorized Agent

to sign this San Joaquin County Well & Boring Permit Application on my behalf. I understand this authorization is valid for one year and is limited to the work plan dated on the front page of this application.

______________________________
Signature of C-57 Licensed Authorized Representative