

PUBLIC WATER SYSTEM WELL DESTRUCTION PERMIT

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

1868 East Hazelton Avenue - STOCKTON CA 95205 - (209) 468-3420

NON-REFUNDABLE PERMIT **CALL (209) 468-3420 AND ASK FOR PUBLIC WATER SYSTEMS FOR INSPECTIONS** EXPIRES 1 YEAR FROM DATE ISSUED

NAME OF PUBLIC WATER SYSTEM: _____

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 Sand Cement _____ sack mix/7 gal water Other _____

Placement Method Pumped Free Fall Other _____

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

MINIMUM TWO BUSINESS DAY ADVANCE NOTICE REQUIRED FOR INSPECTIONS.
CALL 209-468-3420 AND ASK FOR PUBLIC WATER SYSTEMS TO SCHEDULE INSPECTION.

D E P A R T M E N T U S E O N L Y

Application Accepted By _____ Date _____ Area _____

Destruction Inspection By _____ Date _____ Employee ID# _____

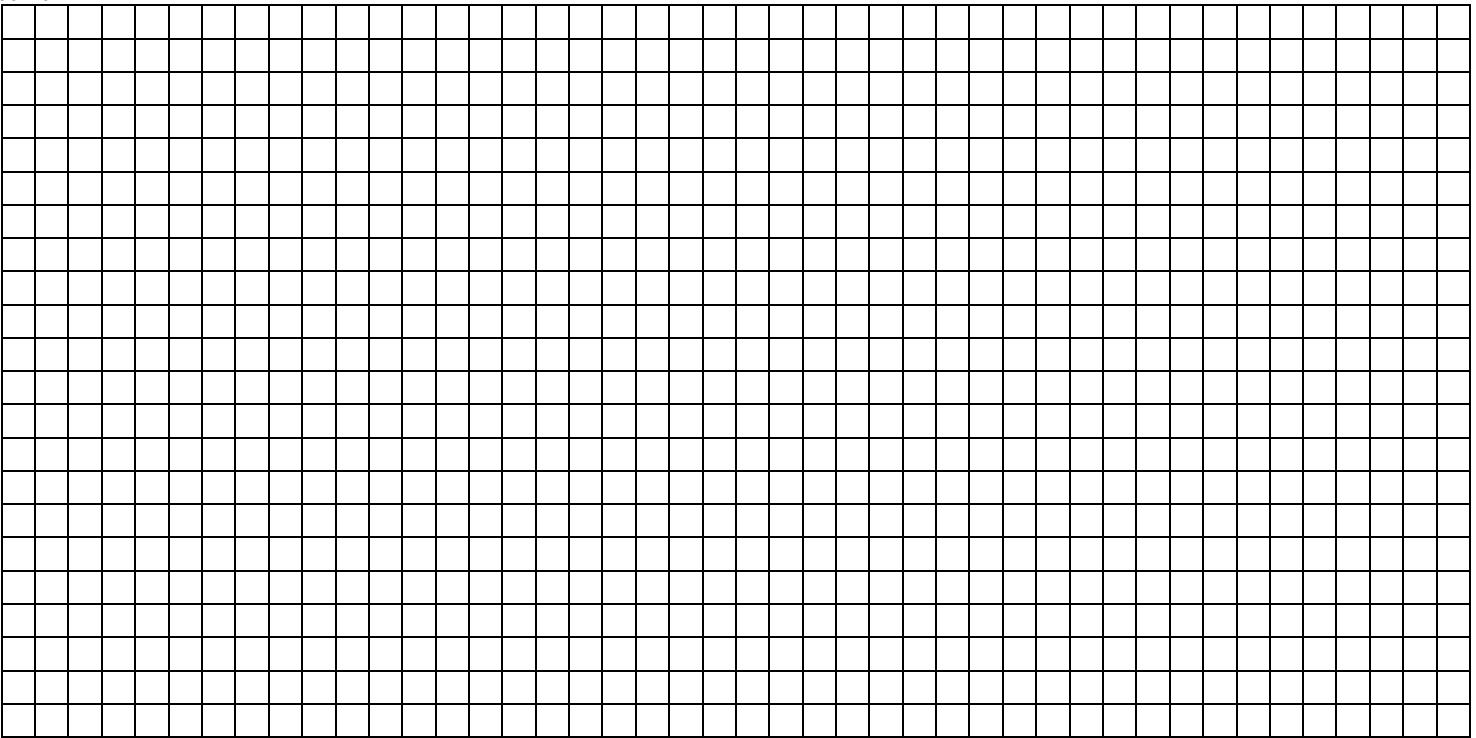
COMMENTS _____

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

SITE ADDRESS: _____

PERMIT #: _____

Plot Plan:



GIS Coordinate: Latitude: _____ Longitude: _____

I, the Owner/Applicant/Licensed Well Driller/Pump Contractor agrees to indemnify, defend with counsel reasonably approved by County, and hold harmless the County and its officers, officials, employees, agents, boards, and commissions (collectively "County") as follows:

1. Indemnity:
 - a. From and against any and all claims, demands, actions, proceedings, lawsuits, losses, damages, judgments and/or liabilities arising out of, related to, or in connection with the application and applied for well or pump or to attack, set aside, void, or annul, in whole or in part, approval or denial of the applied for permit by the County, and any environmental review documents related to the applied for permit;
 - b. For any and all costs and expenses incurred by the County on account of any Claim, except where such indemnification is prohibited by law, including but not limited to damages, costs, expenses, attorney's fees, or expert witness costs that may be asserted by any person or entity, private attorney general fees claimed by or awarded to any party against the County, and the County's costs incurred in preparing an administrative record which are not paid by the petitioner.
 - c. Except as to the County's sole negligence or willful misconduct.
2. Defense:
 - a. The County may participate or direct the defense of any Claim. The County's actions in defense of any claim shall not relieve me of any obligation to indemnify, defend, and hold harmless the County.
 - b. In the event of a disagreement between County and me regarding defense of any Claim, the County shall have the authority to control the litigation and make litigation decisions, including, but not limited to, the manner in which the defense is conducted.

If County reasonably determines that having common counsel presents such counsel with a conflict of interest, or if I fail to promptly assume the defense of any Claim or to promptly employ counsel reasonably satisfactory to the County, then County may utilize the Office of the County Counsel or employ separate outside counsel to represent or defend the County, and I shall pay the reasonable attorneys' fees and costs of such counsel.

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.

PROPERTY OWNER:

SIGN: _____ PRINT: _____ DATE: _____

LICENSED WELL DRILLER/PUMP CONTRACTOR:

SIGN: _____ PRINT: _____ DATE: _____

AUTHORIZATION FOR OTHER THAN C-57 SIGNING PERMIT APPLICATION

I, _____, hereby authorize _____
(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.