

PUBLIC WATER SYSTEM WELL/PUMP 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

SITE ADDRESS:

JOB ADDRESS	CITY/ZIP					
CROSS STREET	APN	PARCEL SIZE	LAND USE APPLICATION #			
OWNER NAME	PHONE					
OWNER ADDRESS	CITY/STATE/ZIP					
CONTRACTOR	PHONE					
CONTRACTOR ADDRESS	CITY/STATE/ZIP					
SUBCONTRACTOR	PHONE					
SUBCONTRACTOR ADDRESS	CITY/STATE/ZIP					
LICENSE	<input type="checkbox"/> C-57	<input type="checkbox"/> C-61	<input type="checkbox"/> D-09	<input type="checkbox"/> Other _____	NUMBER	EXPIRATION DATE

INTENDED USE	<input type="checkbox"/> Domestic/Private	<input type="checkbox"/> Irrigation/Agricultural	<input type="checkbox"/> Industrial	<input type="checkbox"/> Water Quality Monitoring	<input type="checkbox"/> Soil Sampling/Characterization
Public Water System			Water System Name	Contact Name or Phone Number	

TYPE OF WORK	<input type="checkbox"/> New Well	<input type="checkbox"/> Replacement Well	<input type="checkbox"/> Well Alteration/Modification	<input type="checkbox"/> Other _____
<input type="checkbox"/> Monitoring Well(s) _____ # of wells		<input type="checkbox"/> Soil Boring(s) _____	# of borings	<input type="checkbox"/> Geotechnical _____ # of borings
<input type="checkbox"/> Out-Of-Service Well		<input type="checkbox"/> Out-Of-Service Well Renewal	<input type="checkbox"/> Cross-Connection Repair	
<input type="checkbox"/> New Pump		<input type="checkbox"/> Pump Replacement	<input type="checkbox"/> Pump Repair	<input type="checkbox"/> Raise Well Casing

WELL CONSTRUCTION						
Drilling Method	<input type="checkbox"/> Mud Rotary	<input type="checkbox"/> Air Rotary	<input type="checkbox"/> Auger	<input type="checkbox"/> Cable Tool	<input type="checkbox"/> Push Point	<input type="checkbox"/> Other _____
Proposed Well Depth	ft	Excavation	in diameter	<input type="checkbox"/> Open Bottom	<input type="checkbox"/> Gravel Pack/Gravel Size	in diameter
<input type="checkbox"/> Conductor Casing _____ in diameter / Conductor Casing Depth _____ ft						
Well Casing Diameter	in	Thickness/Gauge/ASTM Sched	_____	<input type="checkbox"/> Steel	<input type="checkbox"/> Plastic	<input type="checkbox"/> Stainless Steel
Grout Seal Depth	ft	<input type="checkbox"/> Sand Cement	_____ sack mix/7 gal water	<input type="checkbox"/> Other _____		
Grout Placement Method	<input type="checkbox"/> Pumped	<input type="checkbox"/> Free Fall	<input type="checkbox"/> Other _____	<input type="checkbox"/> Retardant / Accelerator (name) _____		

PEDESTAL	<input type="checkbox"/> Installed By	<input type="checkbox"/> Driller	<input type="checkbox"/> Pump Contractor	<input type="checkbox"/> Other _____
<input type="checkbox"/> Concrete Pedestal <input type="checkbox"/> Dimensions: Width _____ ft Length _____ ft Thick _____ in				
<input type="checkbox"/> Christy Box <input type="checkbox"/> Stove Pipe				

PUMP	<input type="checkbox"/> Submersible	<input type="checkbox"/> Turbine	<input type="checkbox"/> Other _____	HP _____	Pump Set _____ ft	Standing Water Level _____ ft
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Note: Per California Waterworks Standards, NSF 61 Certification is required for all public water system well components, including the pump.

Plot Plan Requirements: Attach a plot plan with the exact location of water well with respect to the following items: GPS Coordinates, property lines, adjoining properties, water bodies or courses, drainage pattern, roads, existing wells, structures, potential sources of contamination, sewers or private disposal systems. Include distance from two property lines. For Domestic, Agriculture, Industrial well, provide location of any water wells or surface water within 200' radius of proposed well.

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

DEPARTMENT USE ONLY

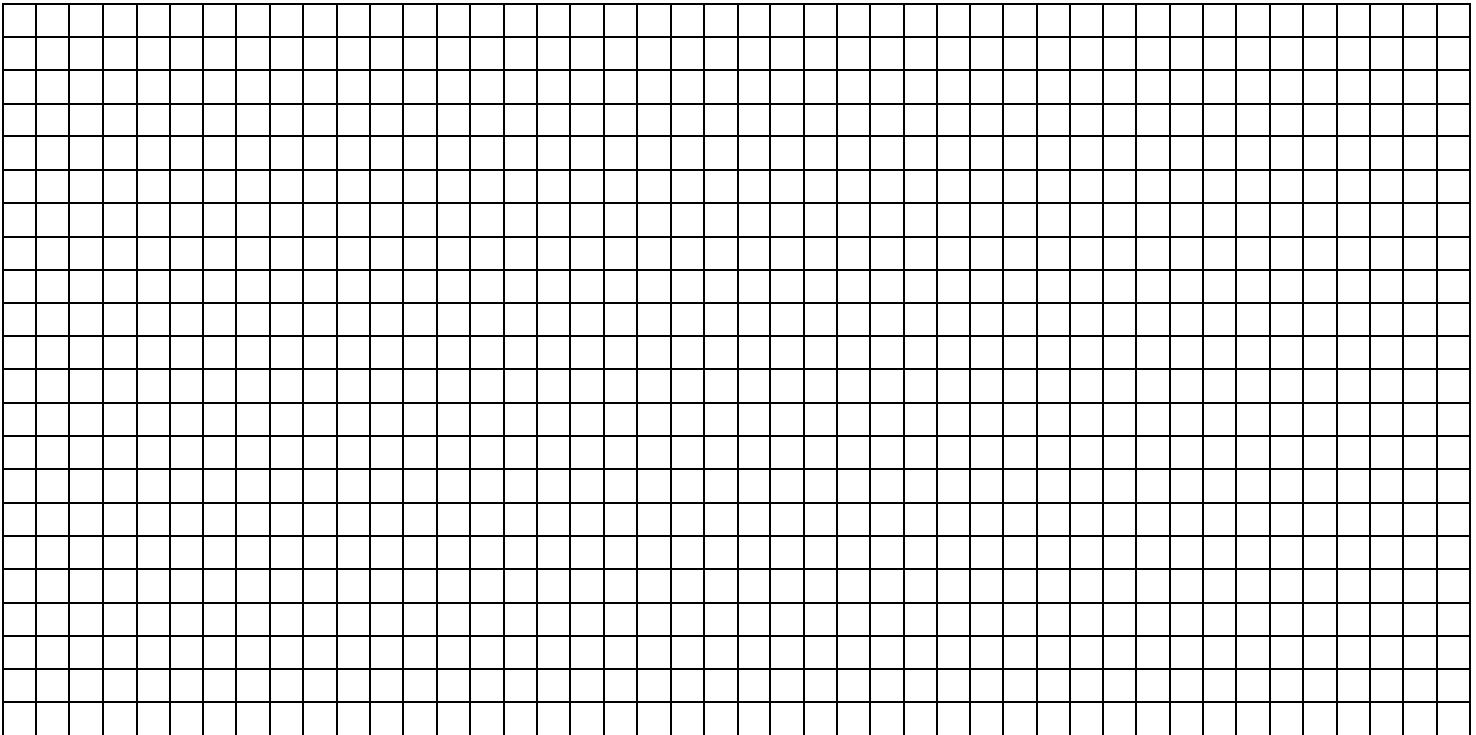
Application Accepted By _____	Date _____	Area _____	Employee ID# _____
Grout Inspection By _____	Date _____	SPECIAL Well Permit	
Pump Inspection By _____	Date _____	WAIVER Received	
Soil Boring Inspection By _____	Date _____	Construction Well Depth _____ ft	

COMMENTS _____

PE Codes	SC Info	Received By	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 (SIGNATURE IS REQUIRED FOR WATER EXTRACTION WELL ON PRIVATE PROPERTY):

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.