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WELL/PUMP PERMIT

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

1868 EAST HAZELTON AVENUE - STOCKTON CA 95205 - (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 NAME _____ PHONE _____

OWNER ADDRESS _____ CITY/STATE/ZIP _____

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY/STATE/ZIP _____

SUBCONTRACTOR _____ PHONE _____

SUBCONTRACTOR ADDRESS _____ CITY/STATE/ZIP _____

LICENSE C-57 C-61 D-09 Other _____ NUMBER _____ EXPIRATION DATE _____

DOMESTIC WELL SAMPLING: General Mineral/Coliform Bacteria (4391) Dibromochloropropane (4392) Arsenic (4393)

INTENDED USE Domestic/Private Irrigation/Agricultural Industrial Water Quality Monitoring Soil Sampling/Characterization

Public Water System _____

If different from Owner: _____ Water System Name _____ Contact Name or Phone Number _____

TYPE OF WORK New Well Replacement Well Well Alteration/Modification Other _____

Monitoring Well(s) _____ # of wells Soil Boring(s) _____ # of borings Geotechnical _____ # of borings

Out-Of-Service Well Out-Of-Service Well Renewal Cross-Connection Repair

New Pump Pump Replacement Pump Repair Raise Well Casing

WELL CONSTRUCTION

Drilling Method Mud Rotary Air Rotary Auger Cable Tool Push Point Other _____

Proposed Well Depth _____ ft Excavation _____ in diameter Open Bottom Gravel Pack/Gravel Size _____ in diameter

Conductor Casing _____ in diameter / Conductor Casing Depth _____ ft

Well Casing Diameter _____ in Thickness/Gauge/ASTM Sched _____ Steel Plastic Stainless Steel Other _____

Grout Seal Depth _____ ft Neat Cement (94 lb bag/5-10 gal water) Sand Cement _____ sack mix/7 gal water

Bentonite (20% solids) Other _____

Grout Placement Method Pumped Free Fall Other _____ Retardant / Accelerator (name) _____

PEDESTAL Installed By Driller Pump Contractor Other _____

Concrete Pedestal Dimensions: Width _____ ft Length _____ ft Thick _____

in Christy Box Stove Pipe

PUMP Submersible Turbine Other _____ HP _____ Pump Set _____ ft Standing Water Level _____ ft

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 24 HOUR ADVANCE NOTICE REQUIRED FOR INSPECTIONS - PLEASE CALL (209) 953-7697

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 _____ Constructed Well Depth _____ ft

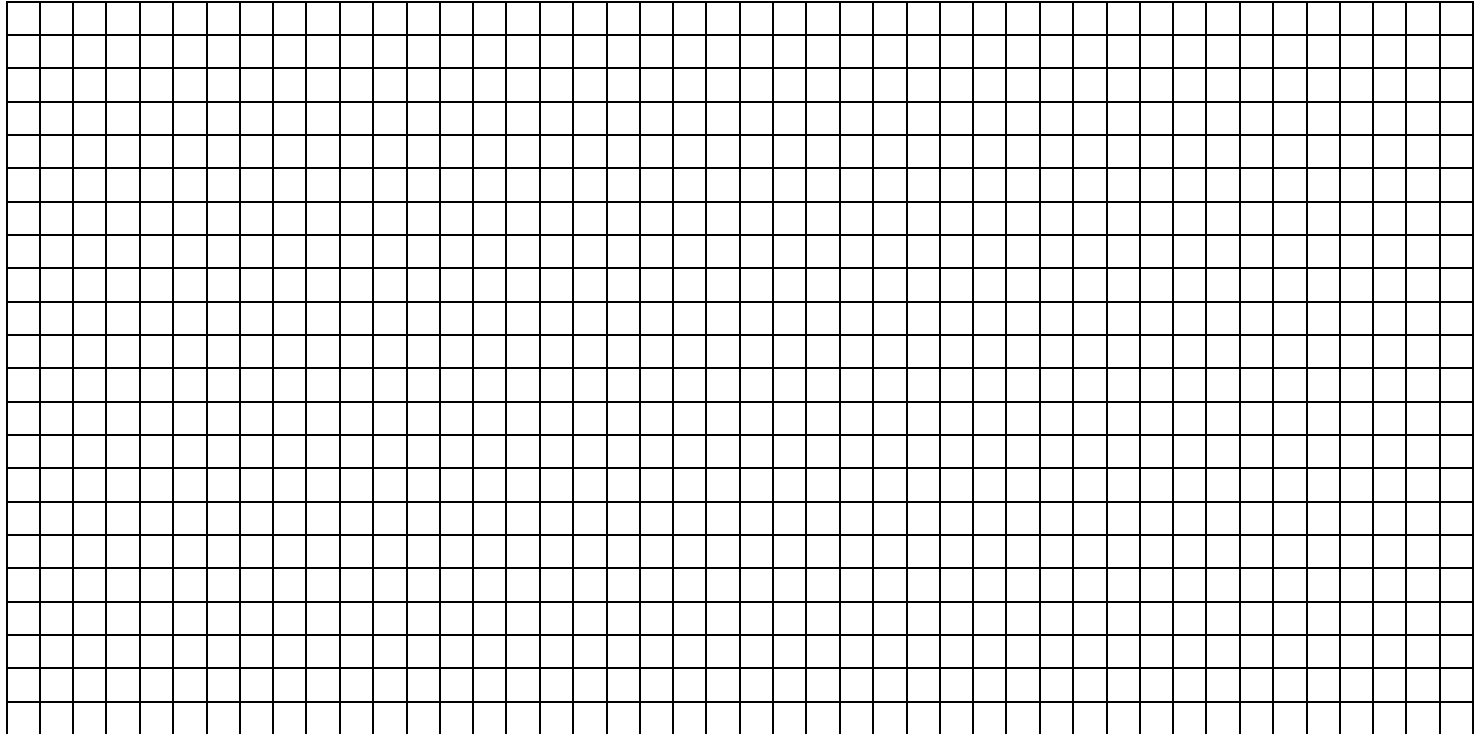
COMMENTS _____

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.