

WELL DESTRUCTION PERMIT

PUBLIC WATER SYSTEM Yes No

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 _____		PHONE _____	
OWNER ADDRESS _____		CITY/STATE/ZIP _____	
CONTRACTOR _____		PHONE _____	
CONTRACTOR ADDRESS _____		CITY/STATE/ZIP _____	
<input type="checkbox"/> C-57 WELL DRILLING	LICENSE NUMBER _____	EXPIRATION DATE _____	
PERFORATION CONTRACTOR _____		PHONE _____	
PERFORATION CONTRACTOR ADDRESS _____		CITY/STATE/ZIP _____	
<input type="checkbox"/> C-57 Well Drilling	License Number _____	Expiration Date _____	
<input type="checkbox"/> Bureau of Alcohol, Tobacco and Firearms - Users of High Explosives	License Number _____	Expiration Date _____	
<input type="checkbox"/> CHP Hazardous Material Transportation for Explosives _____	License Number _____	Expiration Date _____	
<input type="checkbox"/> San Joaquin County Sheriff-Coroner Explosives Application and Permit	License Number _____	Expiration Date _____	
<input type="checkbox"/> 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

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

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#

