

WELL DESTRUCTION PERMIT

PUBLIC WATER SYSTEM Yes No

SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPT

1868 East Hazelton Avenue - STOCKTON CA 95205-6232 - (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 _____	
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 _____	
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 **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**

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.

MINIMUM 48 HOUR ADVANCE NOTICE REQUIRED FOR INSPECTIONS

CONTRACTORS SIGNATURE _____ TITLE _____ DATE _____

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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#