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|--|--|
| Lat:_____ Long:_____ Permit No._____ T._____R._____Sec._____ Date Issued:_____ 1/4 Sec._____ Quad._____ A.P.N._____ | CITY OF HUGHSON DEPARTMENT OF PUBLIC WORKS 7018 Pine Street, Hughson, CA 95326 (209) 883-4054 |
|--|--|

APPLICATION FOR WELL CONSTRUCTION OR DESTRUCTION

THIS PERMIT EXPIRES 1 YEAR FROM DATE ISSUED

Application is hereby made to the City of Hughson Department of Public Works (D.P.W.) for a permit to construct and/or destroy the work herein described. PLEASE NOTIFY THIS DEPARTMENT (USING PERMIT CITY PERMIT NUMBER AND CALIFORNIA DEPARTMENT OF WATER RESOURCES WELL DRILLERS REPORT) WHEN WELL WORK IS COMPLETED.

JOB
 ADDRESS/LOCATION _____
 _____ City _____

Distance & Direction from Nearest Cross Streets

 -

Owner's
 Name _____
 _____ Phone _____

Address

 City/State _____

Contractor's Name _____
 License # _____ Phone _____

TYPE OF WORK:(Check one)

- NEW WELL DEEPEN RECONDITION DESTRUCTION

OTHER

DISTANCE TO NEAREST:

SEPTIC TANK _____ SEWER LINES _____ PIT
PRIVY _____

OTHER WELL _____ SEWAGE DISPOSAL FIELD _____
SEEPAGE PIT _____

DRY WELL _____ OTHER

ANIMAL ENCLOSURE _____

| <u>INTENDED USE</u> | <u>TYPE OF WELL</u> |
|--|--------------------------------------|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Cable Tool |
| <input type="checkbox"/> Domestic / Private | <input type="checkbox"/> Drilled |
| <input type="checkbox"/> Domestic / Public | <input type="checkbox"/> Gravel Pack |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Rotary |
| <input type="checkbox"/> Cathodic protection | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | |

CONSTRUCTION / DESTRUCTION SPECIFICATIONS

Dia. of Well Excavation _____

Dia. of Well Casing _____

Gauge of Casing _____

Depth Conductor Casing _____

Depth of Grout Seal _____

Type of Grout _____ # Bags _____

Grout Manufacturer _____

Grout Name _____

Well Destruction: Describe method if different than minimum state standards: _____

Existing well present? YES NO **Status:** Active To Be Destroyed
Inactive

D.P.W. USE ONLY

Permit Issued
by: _____ Date: _____

Permit Denied
by: _____ Date: _____ (See Attached)

Grout Seal Inspected
by: _____ Date: _____

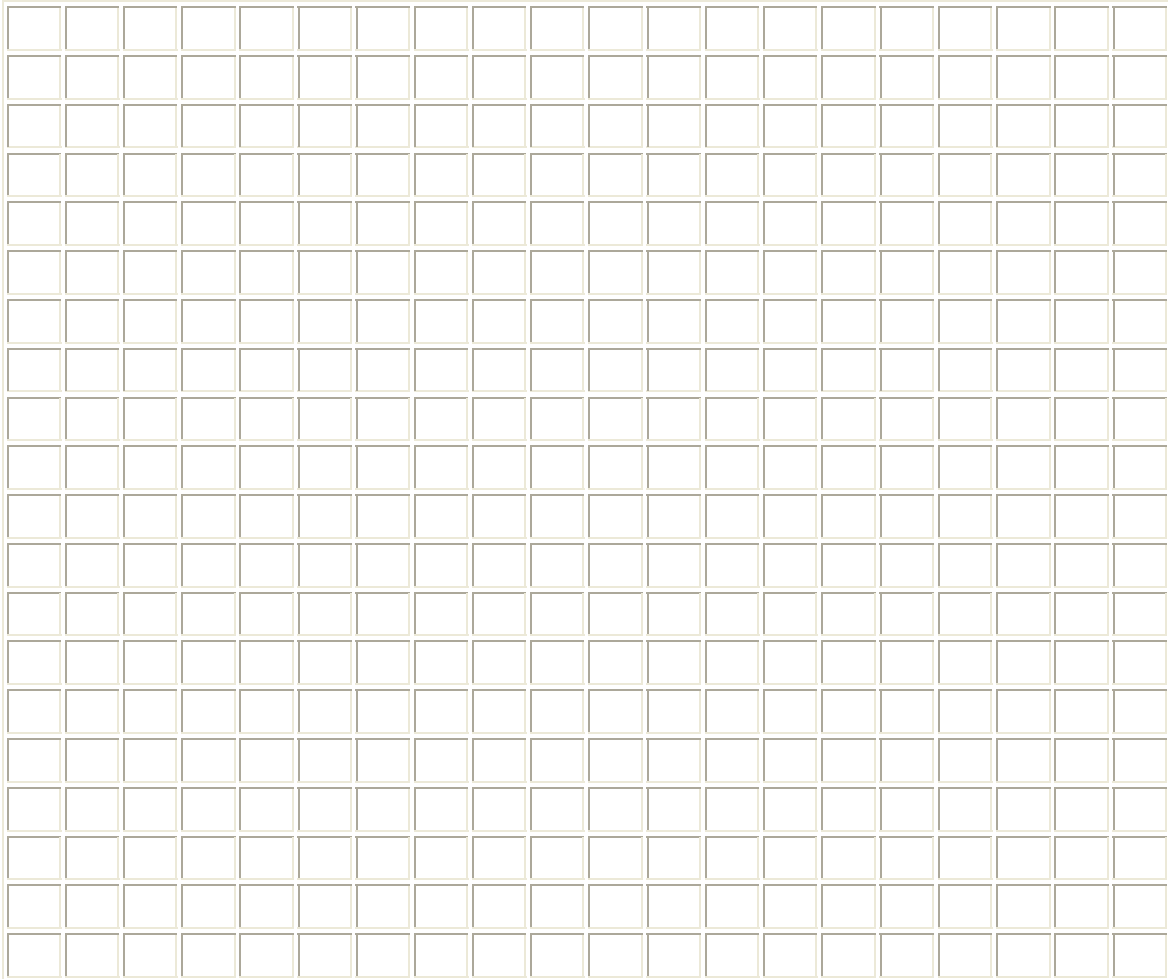
Final Inspection
by: _____ Date: _____

PLOT PLAN

(Indicate Distances in Feet)

1. Name of street and distance from nearest cross roads to well site.
2. Outline of the property, easements.
3. Outlines and locations of all existing and proposed structures, including covered areas such as patios, driveways, and walks.
4. Location of house sewer outlet, public sewer, sewage disposal system, or proposed sewage disposal system, proposed expansion of sewage disposal system, industrial waste pond, or any other possible source of contamination.
5. Location of other wells within radius of 300 feet on the property or adjoining property.
6. Location of sewage disposal system on adjoining property or within a radius of 100 ft. (private well) 150 ft. (public well).

NORTH ^



Written description of well location (if not visible from road): _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE PREPARED THIS APPLICATION AND THAT THE WORK WILL BE DONE IN ACCORDANCE WITH THE PROVISIONS OF THE LAWS OF THE STATE OF CALIFORNIA, THE ORDINANCES OF THE CITY OF HUGHSON AND WHEN APPLICABLE, THE RULES AND REGULATIONS OF THE STANISLAUS COUNTY DEPARTMENT OF ENVIRONMENTAL RESOURCES (DER). DPW WILL BE CONTACTED FOR INSPECTION OF ANNULAR SEAL INSTALLATION, AND AFTER WELL WORK HAS BEEN COMPLETED.

1. All existing wells within a 300 foot radius of the proposed new well(s) on the property or adjoining property have been located and so indicated.
2. Proposed well(s) will be located at least 50-100 feet from any sewage disposal system on property or adjoining property. Public well requires a distance of 100-150 feet from disposal system (100 ft. septic tank and leach lines, 150 ft. pits).
3. Submit well logs on all public wells drilled, as notice of well work completion.

SIGNED: _____

_____ (OWNER OR AUTHORIZED REPRESENTATIVE)

DATE: _____