



**PUBLIC WORKS DEPARTMENT**

336 Pacific Avenue, Shafter, CA 93263  
 Tel: (661) 746-5002 • Fax: (661) 746-9125

**PERMIT NO** \_\_\_\_\_

**APN:** \_\_\_\_\_

**PARCEL MAP/TRACT** \_\_\_\_\_

**APPLICATION DATE:** \_\_\_\_\_

**WATER WELL PERMIT APPLICATION**

**APPLICATION MUST BE SUBMITTED AT LEAST TEN (10) WORKING DAYS PRIOR TO THE START OF THE PROJECT**

**PERMIT TYPE:**  NEW WELL CONSTRUCTION  RECONSTRUCTION  DESTRUCTION  DEEPEN

OWNER INFORMATION	
NAME:	ADDRESS: CITY/ST/ZIP
TEL:	EMAIL:

CONTRACTOR INFORMATION	LICENSE NO:
NAME:	ADDRESS: CITY/ST/ZIP
TEL:	EMAIL:

SUBCONTRACTOR INFORMATION	LICENSE NO:
NAME:	ADDRESS: CITY/ST/ZIP:
TEL:	EMAIL:

**LOCATION OF WELL (COORDINATES):** T \_\_\_\_\_ R \_\_\_\_\_ 40 ACRE SUB. \_\_\_\_\_

**INTENDED USE:**

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Domestic/Private (1 connection)        | <input type="checkbox"/> Agriculture | <input type="checkbox"/> Cathodic Protection |
| <input type="checkbox"/> Domestic/Non-Public (2-4 connections)  | <input type="checkbox"/> Test Hole   | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Domestic/Public (5or more connections) | <input type="checkbox"/> Monitoring  |  |

**CONSTRUCTION METHOD:**

- Reverse Rotary  Rotary  Air Rotary  Cable Tool  Bored  Other \_\_\_\_\_
- DEPTH OF WATER \_\_\_\_\_

SEALING MATERIAL	GARVEL PACK	PROPOSED CASING
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Puddle Clay <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO From _____ To _____ From _____ To _____	Diameter _____ Type _____ Depth _____ Conductor Depth _____ Gauge/Wall _____

PROPOSED WELL CONSTRUCTION (DEPTH)	PROPOSED PERFORATION OR SCREEN:	WELL CONSTRUCTION OR DESTRUCTION PROPOSED SEALS
Max _____ FT Min _____ FT  PROPOSED WELL DESTRUCTION Estimated Well Depth _____ FT Penetrates 2 or more Aquifers	From _____ To _____ feet From _____ To _____ feet From _____ To _____ feet  Actual Well Depth _____ feet  Verified by _____	Annular _____  Other _____  From _____ To _____ feet From _____ To _____ feet

PERMIT NO \_\_\_\_\_

APN: \_\_\_\_\_

PARCEL MAP/TRACT \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

## WATER WELL PERMIT APPLICATION

### LOCATION

- A. Indicate below the exact location of the well with respect to the following items: property lines, water bodies, or water courses, drainage pattern, roads, existing wells, structures and private disposal systems. Include dimensions.

- B. LOCATION OF WELL WITHIN SECTION LINES. Locate Well by measuring from proposed well site to two (2) Section lines of 1/4 section lines if road(s) borders the land. The measurement(s) should also be made from the center Of the road.

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

1- \_\_\_\_\_ One Mile \_\_\_\_\_ -1

**GENERAL CONDITIONS:**

**PERMIT NO** \_\_\_\_\_

1. Permit applications must be submitted to the Public Works Department at least ten (10) working days prior to the proposed starting date.
2. It is unlawful to continue work past the stage at which an inspection is required unless inspection is waived or completed.
3. Required inspections include: setting conductor casing, E-Logs, all annular seals, and final construction features.
4. In areas where a well penetrates more than one aquifer, and one or more of the aquifers may contain water which is of a quality which may degrade the other aquifers(s) if allowed to commingle, an E-Log shall be required to determine the location of the confining clay layer(s) and assist in the placement of any required annular seal(s).
5. A phone call to the Public Works Department office is required on the morning of the day that work is to commence and 24 hours before the placement of any seals or plugs.
6. Approval of water quality and final construction features is required before the well is put into use.
7. Construction under this permit is subject to any conditions imposed by the department.
8. Any misrepresentation of noncompliance with required permit conditions or the Ordinance may result in issuance of a "Stop Work Order".
9. A copy of the Department of Water Resources Driller's Report and water quality analyses must be submitted to the Public Works Department within 30 days after completion of work.
10. "Dry" holes must be properly destroyed within two (2) weeks of drilling. A well destruction application must be filed with this Department.
11. The permit is void on the ninetieth (90<sup>th</sup>) calendar day after date of issuance if work has not been started and reasonable progress toward completion made. Fees are not refundable or transferable.
12. Lead pipe shall not be used in construction of any private or public water supply system.
13. The use of solders containing more than two-tenths of one percent lead is prohibited in making joints and fittings in any private or public potable water system.
14. Permittee shall assume entire responsibility for all activities and uses under this permit and shall indemnify, defend, and hold the City of Shafter, its officers, agents, and employees free and harmless from any and all expense, cost, or liability in connection with or resulting from the exercise of this permit, including, but not limited to, property damage, personal injury, and wrongful death.

I certify that I am the owner of the above described property, or the authorized representative of such owner, and that I furnished all of the above information and intend to construct/destroy the well as represented above. I understand that all work is to be done in accordance with Bulletin 74-81 and the conditions of this permit application, including any conditions which may be added or changed by the Environmental Health Services Department upon review of this application and issuance of the permit. I further understand that any permit issued pursuant to this application is subject to such further conditions as may deemed necessary to ensure compliance with the Ordinance Code.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Representative's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE	
<b>ZONE:</b>	
Access Approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No	E-Log Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Floodplain Approval Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Gavel Chute Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied	(See Attached for Minimum Required Water Analysis)
By: _____ Date _____	Permit Fee \$ _____ Date Paid _____
Conditions of Permit or Reasons for Denial: _____ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check No _____
	Received By: _____