

SAN BENITO COUNTY WATER DISTRICT

30 Mansfield Road - Hollister, CA 95023
Mailing address: P.O. Box 899, Hollister, CA 95024
Phone: 831-637-8218 – Fax: 831-637-7267

WELL PERMIT APPLICATION

DATE: _____

CHECK ONE: **FEES ARE NON-REFUNDABLE**

_____ Domestic/ Agricultural	\$187.02	_____ Abandonment/ Destruction	\$93.51
_____ Geothermal	\$187.02	_____ Monitoring Well	\$62.34
_____ Reconstruction	\$187.02	_____ Cathodic Well	\$187.02

PROPERTY OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

SITE ADDRESS: _____

ASSESSOR'S PARCEL #: _____

DRILLING CONTRACTOR: _____

BUSINESS ADDRESS: _____

C-57 LICENSE NO.: _____

CONTACT PERSON: _____ PHONE: _____

PLOT PLAN: THE PROPOSED AREA SHALL BE STAKED ON SITE.

NOTE: INDICATE NORTHERLY DIRECTION.

REQUIRED: Sketch of proposed well construction, including depth, to be attached to this application.

TYPE OF WELL:

_____	Rotary	_____	Single Connection	_____	Depth (ft.)
_____	Cable	_____	Multiple Connection	_____	Diameter (in.)
_____	Dug	_____	Irrigation (AG)	_____	Width Seal (in.)
_____	Other	_____	Geothermal	_____	Depth Perforations
		_____	Monitoring	_____	Annular Seal Depth

WELL DESTRUCTION:

- 1) Submit Well Log with application and a site plan.
- 2) Well destruction requires a C-57 license.
- 3) Depth of Well: _____
- 4) Depth of proposed seal(s) (ft.): _____
- 5) Materials to be used: _____
- 6) Location of screens or perforations: _____
- 7) Cleaning of well (required): _____
- 8) Reason for Destruction: _____

I hereby agree that I will not commence work until I have a valid permit and in addition, I will notify the San Benito County Water District and receive approval prior to any proposed change in the construction and/or destruction of the well.

I agree to contact the San Benito County Water District at least 24 hours prior to sealing the annular space and I will confirm the inspection schedule with the inspector. **I will furnish the San Benito County Water District a well log within 30 days of pouring annular seal and give notice before putting the well into use.**

I understand approval of this application does not indicate that the property is suitable for permitting an individual sewage disposal system. *

_____	_____
PROPERTY OWNER	DRILLING CONTRACTOR
*BOTH SIGNATURES <u>MUST BE OBTAINED</u> BEFORE PERMIT IS ISSUED.	

CERTIFICATION OF WORKER’S COMPENSATION INSURANCE

I, _____, certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker’s Compensation Laws of California, and if, after receiving the permit, I should at any time, become subject to the Worker’s Compensation provisions of 3800 of the Labor Code. I shall immediately comply with those provisions or my permit is revoked.

_____	_____
DATE	SIGNATURE

OFFICE USE ONLY

	<u>DATE</u>	<u>INITIALS</u>	<u>COMMENTS:</u>
PRELIMINARY INSPECTION	_____	_____	_____
SEAL INSPECTION	_____	_____	_____