

**APPLICATION FOR SITE-MITIGATION-PROGRAM WELL PERMIT**

New    Replacement    Supplemental    Destruction    Other \_\_\_\_\_   **WELL NUMBER:** \_\_\_\_\_

Well APN \_\_\_\_\_ Site Mit Case APN (if diff.) \_\_\_\_\_  
 Well Site Address \_\_\_\_\_  
 Well Site Property Owner \_\_\_\_\_ Address (if diff.) \_\_\_\_\_  
 Site Mit Case Address (if different) \_\_\_\_\_  
 Consultant \_\_\_\_\_ Address \_\_\_\_\_  
 Drilling Contractor \_\_\_\_\_ License # \_\_\_\_\_ Phone \_\_\_\_\_  
 Mail Correspondence To: \_\_\_\_\_

**WELL INFORMATION (Complete for All Permit Applications):**

**WELL TYPE (check all that apply)**

**WELL CONSTRUCTION METHOD**

**WELL SPECIFICATIONS**

- Groundwater Monitoring
- Soil Gas Monitoring
- Remediation
- Groundwater Extraction
- Dual Phase Extraction
- Vapor Extraction
- Air Sparge
- Test Well
- Other \_\_\_\_\_

- Hollow Stem
- Rotary
- Cable
- Sonic
- Direct Push
- Other \_\_\_\_\_

Borehole Diameter (in.) \_\_\_\_\_  
 Depth of Borehole (ft.) \_\_\_\_\_  
 Depth of Well (ft.) \_\_\_\_\_  
 Cap, Lock, Vault Box:  Yes  No  
**Seal Material(s)** \_\_\_\_\_  
 Depth of Seal (ft.) \_\_\_\_\_  
 Cement Interval (ft.) \_\_\_\_\_  
 Hydrated Bentonite Int. (ft.) \_\_\_\_\_  
 Dry Granular Bentonite Int. (ft.) \_\_\_\_\_  
 Other Seal Material Int. (ft.) \_\_\_\_\_  
**Filter Pack Material(s)** \_\_\_\_\_  
 Sand Interval (ft.) \_\_\_\_\_  
 Other Filter Pack Interval (ft.) \_\_\_\_\_

**WELL CASING SPECIFICATIONS**

**DISTANCE FROM WELL TO (ft.):**

Material \_\_\_\_\_  
 Gauge or Wall Thickness \_\_\_\_\_  
 Internal Diameter (in.) \_\_\_\_\_  
 Type of Joint \_\_\_\_\_  
 Perforation Interval (ft.) \_\_\_\_\_  
 Perforation Size (in.) \_\_\_\_\_

Septic Systems \_\_\_\_\_  
 Sewer \_\_\_\_\_  
 Nearest Property Line \_\_\_\_\_

**WELL SETTING (Complete for all Permit Applications):**

WITHIN WATER DISTRICT SERVICE AREA?  Yes  No   Name: \_\_\_\_\_  
 OTHER WELLS ON PROPERTY?  Yes  No   Number: \_\_\_\_\_ Types: Domestic \_\_\_\_\_ Irrigation \_\_\_\_\_ Monitoring \_\_\_\_\_ Other \_\_\_\_\_  
 CONDITION OF OTHER WELLS ON PROPERTY: In Use \_\_\_\_\_ To Be Destroyed \_\_\_\_\_ Other \_\_\_\_\_

**Attach 2 copies of a plot plan (see attached for requirements)**

**ADDITIONAL WELL DESTRUCTION INFORMATION:**

Proposed Destruction Method: \_\_\_\_\_ Attach original well construction log and a description of the proposed destruction method.

**WORKER'S COMPENSATION CERTIFICATE**

- A CURRENTLY EFFECTIVE CERTIFICATION OF WORKERS COMPENSATION INSURANCE FOR THE DRILLER IS ATTACHED OR ON FILE WITH EHS. INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_
- SIGNEES CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED SIGNEES SHALL NOT EMPLOY ANY PERSON IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKER'S COMPENSATION LAWS OF CALIFORNIA

**Signees agree to the following statements:** I hereby agree to comply with all laws and regulations of the County of Santa Cruz and State of California pertaining to wells, and declare under penalty of perjury the information submitted on this application is true and correct. I will notify EHS at least 5 business days prior to commencing work. Within 60 days after completion of work I will furnish EHS with a report of the work performed. I understand this permit expires one year from date of issuance.

Signatures:  
 WELL SITE PROP. OWNER \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_   DRILLING CONTRACTOR \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR DEPARTMENT USE ONLY:**

CASH REGISTER VALIDATION

(EHS Permit #)

	<u>DATE</u>	<u>EHS SPECIALIST</u>	<u>SEAL PLACEMENT WITNESSED:</u>
INITIAL SITE INSPECTION	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
APPLICATION APPROVAL	_____	_____	DATE _____
FIELD WORK INSPECTION	_____	_____	DEPTH _____
RECEIPT OF WELL LOG	_____	_____	SEAL MATERIAL _____
FINAL	_____	_____	_____

COMMENTS: \_\_\_\_\_

## WELL GUIDANCE STANDARDS

Please refer to the section on Wells beginning on page 12 of our “Site Mitigation Program Standards” document for additional information about well permit requirements. The program standards document can be found on our website at the following URL.

[http://www.scceh.com/Portals/6/Env\\_Health/hazardous\\_materials/HM08100.pdf](http://www.scceh.com/Portals/6/Env_Health/hazardous_materials/HM08100.pdf)

### PLOT PLAN REQUIREMENTS

Submit 2 copies of a plot plan drawn to scale, or showing dimensions, and containing the following information:

- Owner's name; address and assessor's parcel number of the property
- Scale of drawing (if applicable); north arrow
- Directional slope of ground indicated by arrow or arrows
- Location of dwelling(s) or structure(s) on lot
- Location or name of at least one street adjacent to lot
- Location of all existing or proposed sewage disposal systems and expansion areas within 150 feet of the well site
- Location of all other wells on property
- Location of creeks or streams within 100 feet of the well site
- Location of sewer mains and/or laterals on the property or within 50 feet of the well site
- Location of any potential sources of contamination