

E

Type

Plans

WE109. 0123

Permit Number

31292

Street Number

Timber Cove

Street Name

TIM

Community Code

109-210-062

APN

Well Permit Application

WLS-031

Site Address	31292 Timber Cove Rd.	Permit Number	WEL09-0123
City/Town	Cazadero	Assessor's Parcel Number	109-210-062
Owner Name	Ross Ferry	Well Driller Name	Fish Brothers Drilling
Mailing Address	541 N. Camino Alto	Mailing Address	5001 Gravenstein Hwy N.
City/Town	Vallejo Ca 94590	City/Town	Sebastopol Ca 95472
Phone	John Gittinger	License Number	399226
Contact Person	847-3478	Phone	7078233891
		Fax	7078299261

The validity of this permit depends upon the accuracy of the information provided by the applicant. A site plan must accompany this application. In addition to the information required on the Minimum Standard Site Plan (Form CSS-019), the site plan shall also include the proposed well location, existing well(s) location(s), GPS coordinates of proposed well, sewer mains and laterals, and other potential sources of contamination. If an inadequate site plan is provided and a second field visit is required, a charge at the current hourly rate will be assessed. The precise site location of the proposed well must be staked with the driller's name.

INDICATE TYPE AND NUMBER OF PROPOSED WELLS/BORINGS:

Indicate use: Residential Community Irrigation Industrial

Reason for new well: domestic water

Destruct. Class I Well Class II Well Reconstruction Reason for Class II: _____

[] Geotechnical Borings [] Geoexchange [] Monitoring [] Cathodic [] Dewatering

[] Performance Well [] Piezometer [] Inclinometer [] Other: _____

Total number of wells on property: 0 Number in use: 0 Number inactive: _____ Number abandoned: _____

Well located within an existing public water system boundary: Yes No Name of System: _____

CONSTRUCTION PROPOSED:

Casing: Diameter: 5" Gauge: 200 Material: PVC Gravel Pack Conductor: Yes No

Annular Space: Size: 2" Depth of Seal: 20' Sand Pack Seal Material: bentonite

Method of Disinfection: hth Method of Sealing Access Opening: cap Type of Joint: gwe

DESTRUCTION PROPOSED: Well Diameter: _____ Well Depth: _____ Well Casing: _____

Method of Destruction: _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier: _____

Policy No. state wmp ins fund on file

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

I hereby agree to comply with all laws and regulations of the County of Sonoma and State of California pertaining to water well construction. I will telephone (707) 565-6120 to notify the Environmental Health Specialist 24 hours prior to commencing this work. I will furnish the Permit and Resource Management Department and the owner a copy of the State Well Completion Report within thirty (30) days in order to obtain final approval on this well as required by SONOMA COUNTY CODE, CHAPTER 25B. I acknowledge that the application will become a permit only after site approval and payment of fee. I understand that this permit is not transferrable and expires one year from the date of issuance.

Signature of Well Driller: _____ Date: 061209

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff

Site approved by:	<u>T. Fisher</u>	Date:	<u>6/22/09</u>	Seal Inspection Date:	EHS
Finalized by:	FINAL BASED ON WELL REPORT			Date:	<u>8-30-11</u>
Comments:	GW Zone: 1 2 3 4				

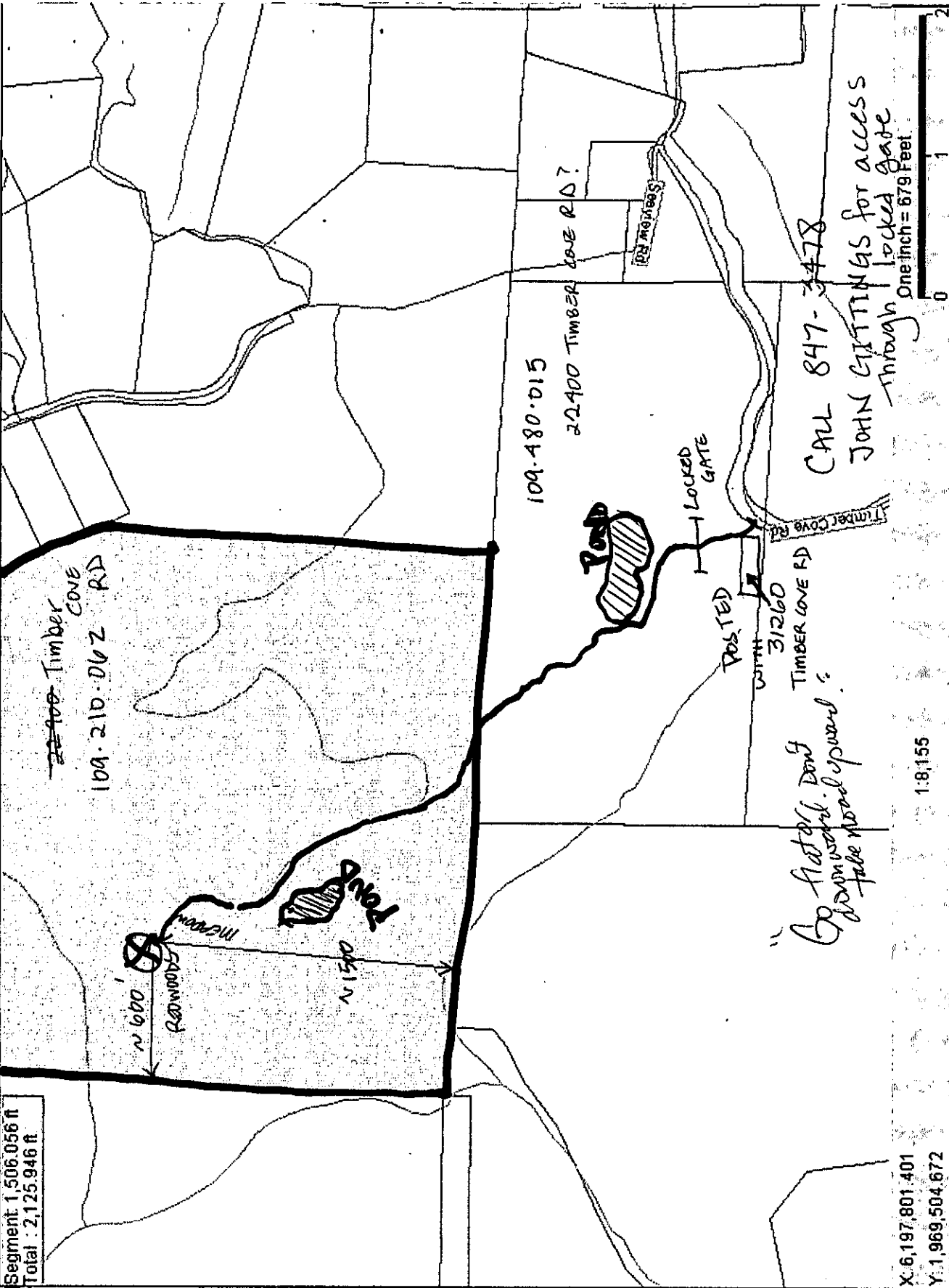
Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ♦ Santa Rosa, CA ♦ 95403-2829 ♦ (707) 565-1900 ♦ Fax (707) 565-1399



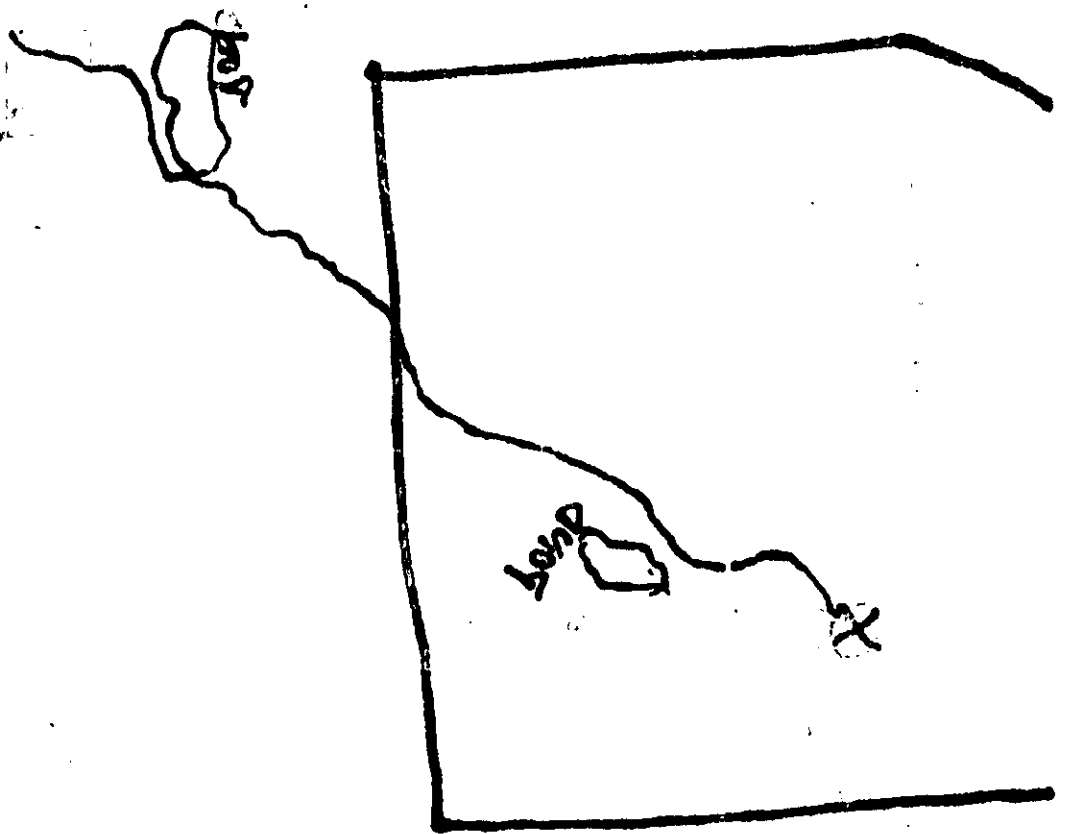
Segment 1,506.056 ft
Total : 2,125.946 ft

- Parcels
- Highways
- City Boundaries
- fema (UPDATED)
- FEMA FIRM Imag
- rasters
- Parcels
- APN Labels
- FEMA FIRM Imag
- Color Aerial Phot
- LIGCC Digital P...



X: 6,197,801.401
Y: 1,969,504.672

1:8155



Fisch Bros. Drilling, Inc.

SEBASTOPOL
5001 GRAVENSTEIN HWY. NO.
SEBASTOPOL, CA 95472
TEL (707) 823-3891
FAX (707) 829-9261

If you want water, go Fisch'n

PHILO
5000 HIGHWAY 128
PHILO, CA 95466
TEL (707) 895-2031
FAX (707) 895-3911

June 11, 2009

To Cowart Well Drilling –

Fisch Brothers Drilling has received a request from John Gitting's to transfer permit #WEL09-0123, the Ross Forry residence at 31292 Timber Cove Road, Cazadero. Please fax the permit and map to us at 707-829-9261. Any questions, please call.

Ed Fisch

cc: PRMD – 3 pgs

TF rec'd 6/22/09
permit issued.

Well Permit Application

WLS-031

PAYMENT REC'D
\$ _____
MAY 12 2009
PERMIT AND RESOURCE
MANAGEMENT DEPARTMENT
COUNTY OF SONOMA

Site Address: 31200 Timber Cove Rd.
 City/Town: Cazadero Ca. 95421 State Zip
 Owner Name: Ross Forry
 Mailing Address: 541 N. Camino Alto, Vallejo Ca. 94590
 City/Town: _____ State Zip
 Phone: _____
 Contact Person: 707 847-3478
John Gittings

Permit Number: Wep 09-0123
 Assessor's Parcel Number: 109-210-062
 Well Driller Name: Cowart
 Mailing Address: 795 Fair Ave.
 City/Town: Petaluma Ca. 94952 State Zip
 License Number: 539105
 Phone: 707 762-8144 Fax: 707 762-1986

The validity of this permit depends upon the accuracy of the information provided by the applicant. A site plan must accompany this application. In addition to the information required on the Minimum Standard Site Plan (Form CS8-019), the site plan shall also include the proposed well location, existing well(s) location(s), GPS coordinates of proposed well, sewer mains and laterals, and other potential sources of contamination. If an inadequate site plan is provided and a second field visit is required, a charge at the current hourly rate will be assessed. The precise site location of the proposed well must be staked with the driller's name.

INDICATE TYPE AND NUMBER OF PROPOSED WELLS/BORINGS:

Indicate use: Residential Community Irrigation Industrial
 Reason for new well: Domestic Water
 Destruct Class I Well Class II Well Reason for Class II: _____
 Geotechnical Borings Geoechange Monitoring Cathodic Dewatering
 Performance Well Piezometer Inclinator Other: _____
 Total number of wells on property: 0 Number in use: 0 Number inactive: 0 Number abandoned: 0
 Well located within an existing public water system boundary: Yes No Name of System: _____

CONSTRUCTION PROPOSED:

Casing: Diameter: 5" Gauge: F-480 Material: VC Gravel Pack Sand Pack Conductor: Yes No
 Annular Space: Size: 2" Depth of Seal: 20' Seal Material: Concrete
 Method of Disinfection: Chlorine Method of Sealing: Site* PVC Cap Type of Joint: Circa Lock
DESTRUCTION PROPOSED: Well Diameter: _____ Well Depth: _____ Well Casing: _____
 Method of Destruction: _____

WORKER'S COMPENSATION DECLARATION
 I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:
 Carrier: EXE-INTL
 Policy No.: _____
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less).

I hereby agree to comply with all laws and regulations of the County of Sonoma and State of California pertaining to water well construction. I will telephone (707) 565-6120 to notify the Environmental Health Specialist 24 hours prior to commencing this work. I will furnish the Permit and Resource Management Department and the owner a copy of the State Well Completion Report within thirty (30) days in order to obtain final approval on this well as required by SONOMA COUNTY CODE, CHAPTER 25B. I acknowledge that the application will become a permit only after site approval and payment of fee. I understand that this permit is not transferable and expires one year from the date of issuance.
 Signature of Well Driller: Robert E Cowart
 Date: 5-12-09

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 Finaled by: _____ Date: _____ GW Zone: 1 2 3 4
 Comments: _____