

**E**

Type



Plans

W1090097

Permit Number

490

Street Number

E 1st St

Street Name

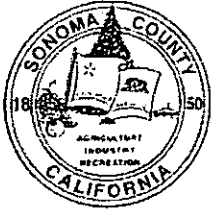
C1

Community Code

116-240-012

APN

Mailed 9/12/14



**COUNTY OF SONOMA**  
**PERMIT AND RESOURCE MANAGEMENT DEPARTMENT**

2550 Ventura Avenue, Santa Rosa, CA 95403  
(707) 565-1900 FAX (707) 565-1103

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September 5, 2014

ROADRUNNER DRILLING & PUMP CO  
7800 S HERSCHELL RD  
WINNEMUCCA NV 89445

Dear Well Driller:

In reviewing our well files, it was noted that the following well permit(s) haven't been signed off by this Department.

WEL09-0097 490 E 1<sup>ST</sup> Street(AKA 745 Berti Ln), Cloverdale

Please promptly mail the California Department of Water Resources Well Completion Report to PRMD, or, if the well/test well was never constructed, please let us know so that our records can be updated. **Please note that within thirty days, if we haven't received the Well Completion Report or received notice that the well was never constructed, the well permit will be expired. Please note that this will hold up any building permits.**

If you have already sent in this information, we apologize for this letter. Please, though, resubmit this information so that we may update our records. If needed, please give me a call at 707 565-1694.

Sincerely,

Suzanne Grant  
Senior Office Assistant  
Permit & Resource Management Department  
(707)565-1694

# Well Permit Application

WLS-031

490 E 1st St

745 Bert Lane, Cloverdale North Well Field Well 09-0097

Site Address: Cloverdale CA 95425 Permit Number: 116-240-012

City/Town: City of Cloverdale State: CA Zip: 95425 Assessor's Parcel Number: Jim Brookshire, dba Roadrunner Drilling and Pump Co.

Owner Name: PO Box 217 Well Driller Name: 7800 S. Herschell Rd

Mailing Address: Cloverdale CA 95425 Mailing Address: Winnemucca NV 89445

City/Town: (530) 308-0063 State: CA Zip: 95425 City/Town: Winnemucca State: NV Zip: 89445

Phone: (530) 308-0063 License Number: 803909

Contact Person: Katherine Whiting (LSCE) Phone: (530) 406-8559 Fax: (775) 625-1684

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: Test Well for possible conversion to Production and/or Standby Well

Destruct  Class I Well  Class II Well  Reconstruction Reason for Class II: \_\_\_\_\_

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

[ ] Performance Well [ ] Piezometer [ ] Inclinometer [X] Other: Test Well

Total number of wells on property: 9 Number in use: 4 Number inactive: 1 Number abandoned: 4

Well located within an existing public water system boundary: Yes  No  Name of System: City of Cloverdale, N. Well Field

### CONSTRUCTION PROPOSED: SEE ATTACHED WELL PROFILE

Casing: Diameter: 16" Gauge: 1/4" Material: Steel Gravel Pack  Conductor: Yes  No

Sand Pack

Annular Space: Size: 36" Depth of Seal: 10' Seal Material: 10.3 sack Mix Sand/Cement

Method of Disinfection: Chlorination Method of Sealing: Tremmie Type of Joint: Welded Collar

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: State Fund

Policy No. 713-08 0027748

(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.

Jim Brookshire 4/6/09  
Signature of Well Driller Date

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: Constanta Stavros Date: 4-28-9 Seal Inspection Date: \_\_\_\_\_ EHS

Finalized by: FINAT. BASED ON WELL REPORT Date: 2/10/15 GW Zone: 1 2 3 4

Comments: \_\_\_\_\_

### Sonoma County Permit and Resource Management Department

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



April 13, 2009  
LSCE No. 09-2-006

WEL09-0097

Connie Stavros  
Wells and Septic  
Sonoma County  
Permit and Resource Management Department  
2550 Ventura Avenue  
Santa Rosa, California 95403-2829

**SUBJECT: TEST WELL CONSTRUCTION**

Dear Ms. Stavros:

Luhdorff and Scalmanini, Consulting Engineers (LSCE) is submitting this permit application on behalf of Jim Brookshire of Roadrunner Drilling who will be installing a test well for the City of Cloverdale (City). The requisite \$580.00 fee and a preliminary well profile are attached. Due to the water demands of the City, we are hoping to start work within the next 2-3 weeks.

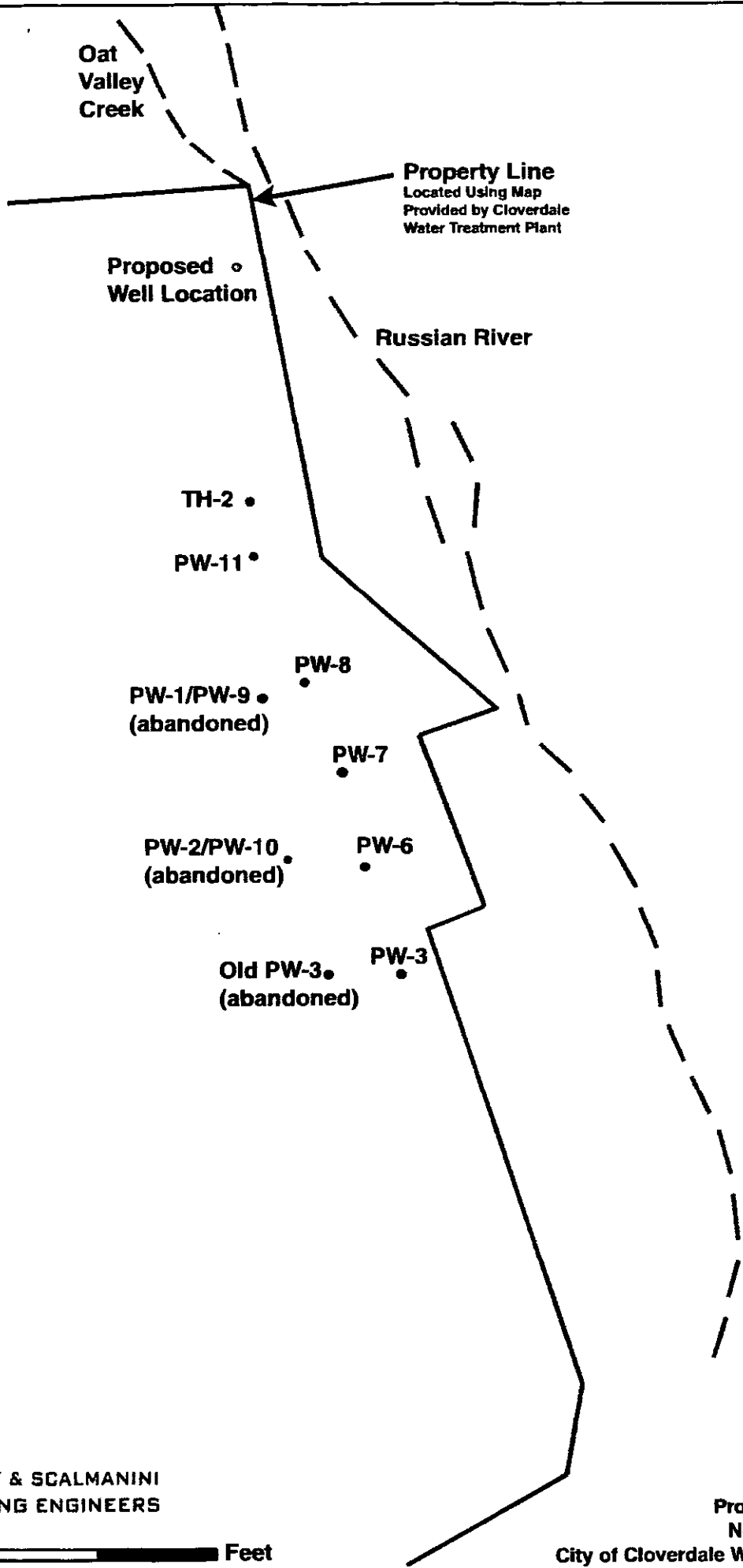
The preliminary well profile illustrates that for the test well we plan on installing a cement seal to only 10 feet below ground surface (bgs). If this test well is ever put into service, all water will first be conveyed to a treatment plant.

I understand that this shallow seal may be of concern. If you require any additional information before going to the Regional Board for approval please contact me at your earliest convenience.

Sincerely,

LUHDORFF AND SCALMANINI  
CONSULTING ENGINEERS

Katherine Waring, P.G.  
Geologist

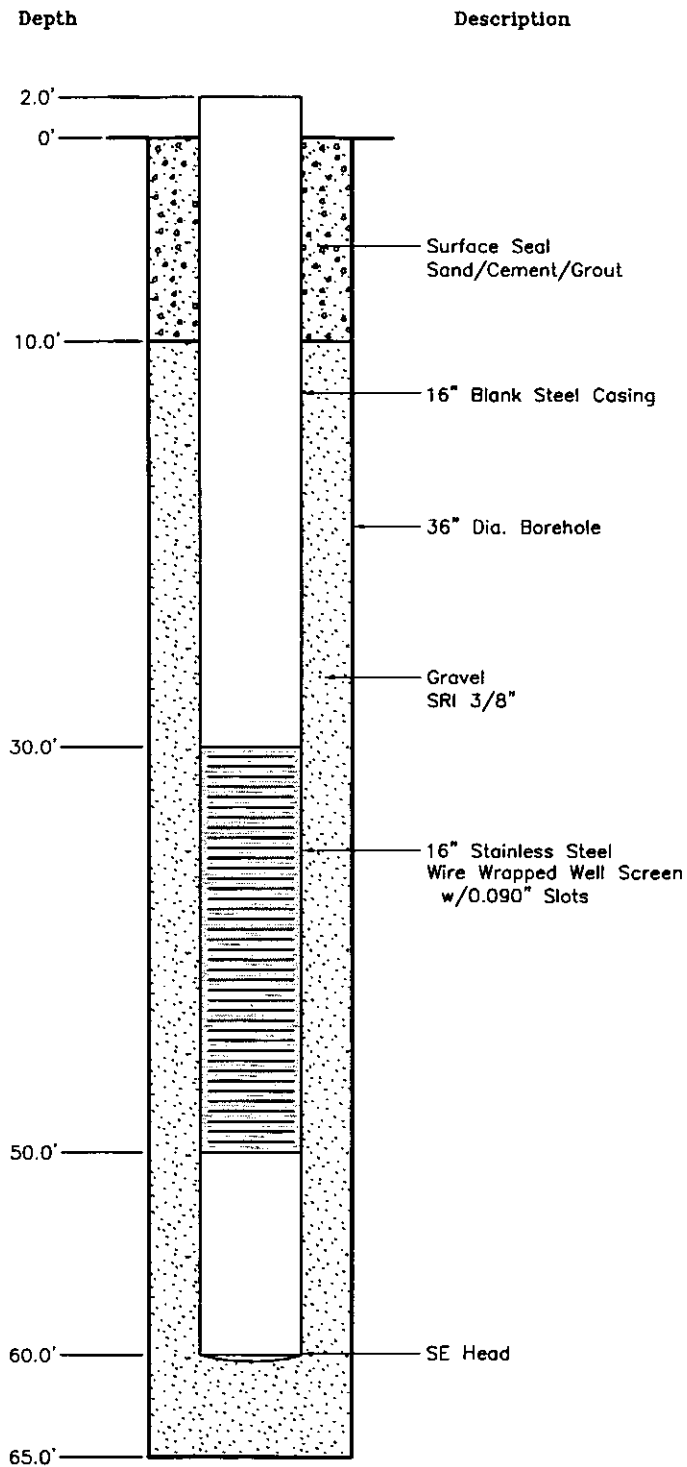


 LUHDORFF & SCALMANINI  
CONSULTING ENGINEERS



Proposed Well Location  
North Well Field Detail  
City of Cloverdale Water Treatment Plant  
Cloverdale, CA

**PRELIMINARY  
TEST WELL PROFILE**



CAD FILE: G:/Projects/City of Cloverdale/08-2-084/Well Profile.dwg CFG FILE: LSCE2500.PCP\_MRG DATE: 03-31-09 4:05pm