

E

Type



Plans

WE13-0466

Permit Number

320

Street Number

SANTANIA DR

Street Name

CLO

Community Code

117-050-027

APN

Well Permit Application

WLS-031

Site Address 320 SANTANA RD. Permit Number WEL13-0466
City/Town CLOVERDALE State CA Zip 95425 Assessor's Parcel Number 117-050-027
Owner Name TYRIS INC. Well Driller Name LAYNE CHRISTENSEN
Mailing Address 10411 OLD PLACERVILLE RD Mailing Address 1717 W PARK AVE
City/Town SACRAMENTO State CA Zip 95827 City/Town REDLANDS State CA Zip 92373
Phone 530-368-9667 License Number 510011 cindy.lee@layne.com
Contact Person RICHARD BURZINSKI Phone 909-390-2833 Fax 909-390-6097

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: N/A

Destruct Class I Well Class II Well Reconstruction Reason for Class II: _____
[] Geotechnical Borings [] Geotreatment [] Monitoring [] Cathodic [] Dewatering
[] Performance Well [] Piezometer [] Inclinator [] Other: _____

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

Well located within an existing public water system boundary: Yes No Name of System: Notified Cloverdale City Engineer

CONSTRUCTION PROPOSED:

Casing: Diameter: _____ Gauge: _____ Material: _____ Gravel Pack Conductor: Yes No
Sand Pack

Annular Space: Size: _____ Depth of Seal: _____ Seal Material: _____
Method of Disinfection: _____ Method of Sealing: _____ Type of Joint: _____
Access Opening: _____

DESTRUCTION PROPOSED: Well Diameter: 20" Well Depth: 136' Well Casing: 10"

Method of Destruction: PERFORATING TO 135' BGS, EXCAVATING 5' BGS, INJECT 10.5 SACK SLURRY TO 5' BACK FILL

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 Old Republic Insurance Co
Policy No. MWC 11701600
(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) 565-1694 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] 10-25-13
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: [Signature] Date: 11-21-13 Seal Inspection Date: NOT OBSERVED EHS
Finaled by: [Signature] Date: 12-23-13 GW Zone: 1 2 3 4
Comments Notified City Engineer; remediation in area complete

Sonoma County Permit and Resource Management Department

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

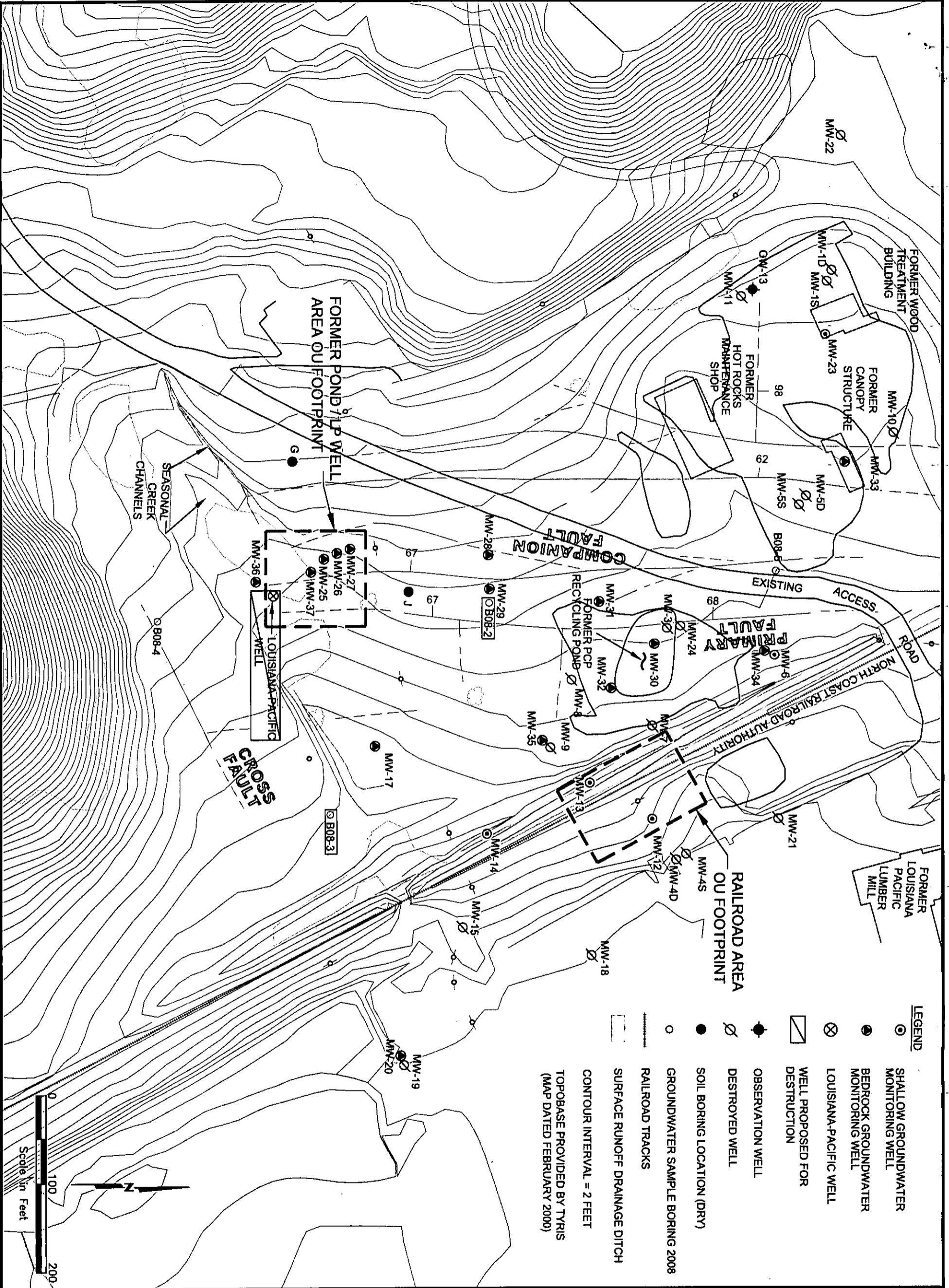


FIGURE NUMBER:
2

SHEET NUMBER:
1

LOUISIANA PACIFIC WELL LOCATION		
FORMER MASONITE WOOD TREATMENT FACILITY CLOVERDALE, CALIFORNIA		
SCALE: 1" = 100'	DATE: 05/28/2013	PROJECT NUMBER: 60241472

AECOM

AECOM ENVIRONMENT
 10461 OLD PLACERVILLE ROAD SUITE 170
 SACRAMENTO, CALIFORNIA 95827
 PHONE: (916) 361-6400
 FAX: (916) 361-6401
 WEB: HTTP://WWW.AECOM.COM

DESIGNED BY:	REVISIONS			
	NO.:	DESCRIPTION:	DATE:	BY:
X				
DRAWN BY: CD				
CHECKED BY: X				
APPROVED BY: MC				