



Type



Plans

WELO8 - 0501

Permit Number

505

Street Number

Lile Ln

Street Name

**COUNTY OF SONOMA**  
**PERMIT AND RESOURCE MANAGEMENT DEPARTMENT**  
 2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829  
 (707) 565-1900 FAX (707) 565-1103

**Application Fees / Invoice for: WEL08-0501**

**Project Address:** 505 LILE LN CLO  
**Cross Street:**

**APN:** 116-310-005

**Description:** GROUNDWATER MONITORING - 1 GEO TECH BORING AND 3

**Printed:** Thursday, October 23, 2008  
**Initialized by:** BDAVIS  
**Activity Type:** B-WEL 801  
**PCS #:**

**Owner:** SIRRAH LLC  
 ATTN BURTON H FOHRMAN  
 438 1ST ST FL 4  
 SANTA ROSA CA 95401-6390

**Applicant:** WEEKS DRILLING & PUMP CO INC  
 PO BOX 176  
 SEBASTOPOL CA

95473-0176

707 542 3272

**Fees:**

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
403	MONITORING WELLS	025015-1343	580.00	.00	.00
750	SUSMP PROG DEVELOPMENT	025015-1350	27.00	.00	.00
			<b>\$607.00</b>	<b>\$0.00</b>	

**Total Fees:** \$607.00  
**Total Paid:** \$0.00

**Balance Due:** \$607.00

Refunds will not be authorized unless circumstances comply with established PRMD refund policy provisions.

When validated below, this is your receipt.

PAYMENT REC'D  
 \$ 607.00  
 OCT 24 2008  
 PERMIT AND RESOURCE  
 MANAGEMENT DEPARTMENT  
 COUNTY OF SONOMA

505 Lile Ln

# Well Permit Application

*Fema Floodzone*

WLS-031

PERMIT RECORD  
 OCT 14 2008  
 PERMIT AND RESOURCE MANAGEMENT  
 SONOMA COUNTY  
 STATE ZONING

Site Address: 505 Life Ln  
 City/Town: Cloverdale State: CA Zip: 95425  
 Owner Name: SIRRAH LLC  
 Mailing Address: 438 1st St #4  
Santa Rosa State: CA Zip: 95401  
 City/Town: (7) 541-2300 Ad: be Assoc. Inc.  
 Phone: Don Garner @ Weeks Drilling  
 Contact Person:

Well: 09-0501  
 Permit Number: 116-310-005  
 Assessor's Parcel Number: Weeks Drilling & Pump  
 Well Driller Name: No. Box 176  
 Mailing Address: SEBASTOPOLE  
 City/Town: CA State: CA Zip: 95473  
 License Number: 707-542-3272  
 Phone: 707-823-4253  
 Fax:

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: GROUND WATER MONITORING

Destruct  Class I Well  Class II Well Reason for Class II: \_\_\_\_\_  
 Geotechnical Borings  Geoexchange  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: \_\_\_\_\_

**CONSTRUCTION PROPOSED:**

Casing: Diameter: 2" Gauge: SAE 40 Material: PUC Grave Pack  Sand Pack  Conductor: Yes  No

Annular Space: \_\_\_\_\_ Size: 2" Depth of Seal: 3' Seal Material: Concrete/Portland  
 Method of Disinfection: \_\_\_\_\_ Method of Sealing: \_\_\_\_\_ Access Opening: \_\_\_\_\_ Type of Joint: \_\_\_\_\_

**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: Centrix  
 Policy No: 2068633401  
 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, with telephone (707) 513-6126 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 state 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: Don Garner Date: 10/23/08

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: Constantine Date: 11-13-08 Seal Inspection Date: \_\_\_\_\_ EHS  
 Finalized by: FINAL BASED ON WELL REPORT Date: 6-16-9 GN 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



## Constance Stavros

---

From: Janice Goebel [jgoebel@waterboards.ca.gov]  
Sent: Thursday, November 13, 2008 3:48 PM  
To: Constance Stavros; Christine Wright-Shacklett  
Cc: Jo Bentz  
Subject: Re: RB1SOCOWellpermits Wel 08 0501 and 0502

Connie, I believe the groundwater monitoring wells should be sampled for VOCs even though the applicant says they will be used for groundwater monitoring only. If they are putting in a wastewater system in this area where there is probably VOC plume from the MGM Brakes facility, then we will need to know this in advance. They will be considered a responsible party for the spreading of contamination. So yes, you can issue the permits, but they need to sample their wells. They can contact me if they would like to ask any questions.

If you have any questions, please e-mail me directly or call me at (707) 576-2676.

Jan Goebel

>>> Constance Stavros <CSTAVROS@sonoma-county.org> 11/13/08 9:40 AM >>>  
I am really being pressured for issuance of WEL08-0501 and 502. Can I issue those?

Constance Stavros, MS, REHS

Environmental Health Specialist III



# COUNTY ASSESSOR'S PARCEL MAP

TAX RATE AREA  
65-009  
1-014

116-31

PCL MAP NO. 1-99  
REC. 3-15-01 IN BK. 518, MAPS, PGS. 39-41

PCL MAP NO. 1-05  
REC. 1-18-06 IN BK. 688, MAPS, PGS. 36-38

PCL MAP NO. 1-04  
REC. 4-26-06 IN BK. 593, MAPS, PGS. 26-27

PCL MAP NO. 5-99  
REC. 01-25-00 IN BK. 603, MAPS, PGS. 45-47

was prepared for  
uses only. No liability  
the accuracy of the  
hereon.

2009-2009 - 116-310-005, Sheet: 1 of 1

Sonoma, CA

115  
37

116  
44

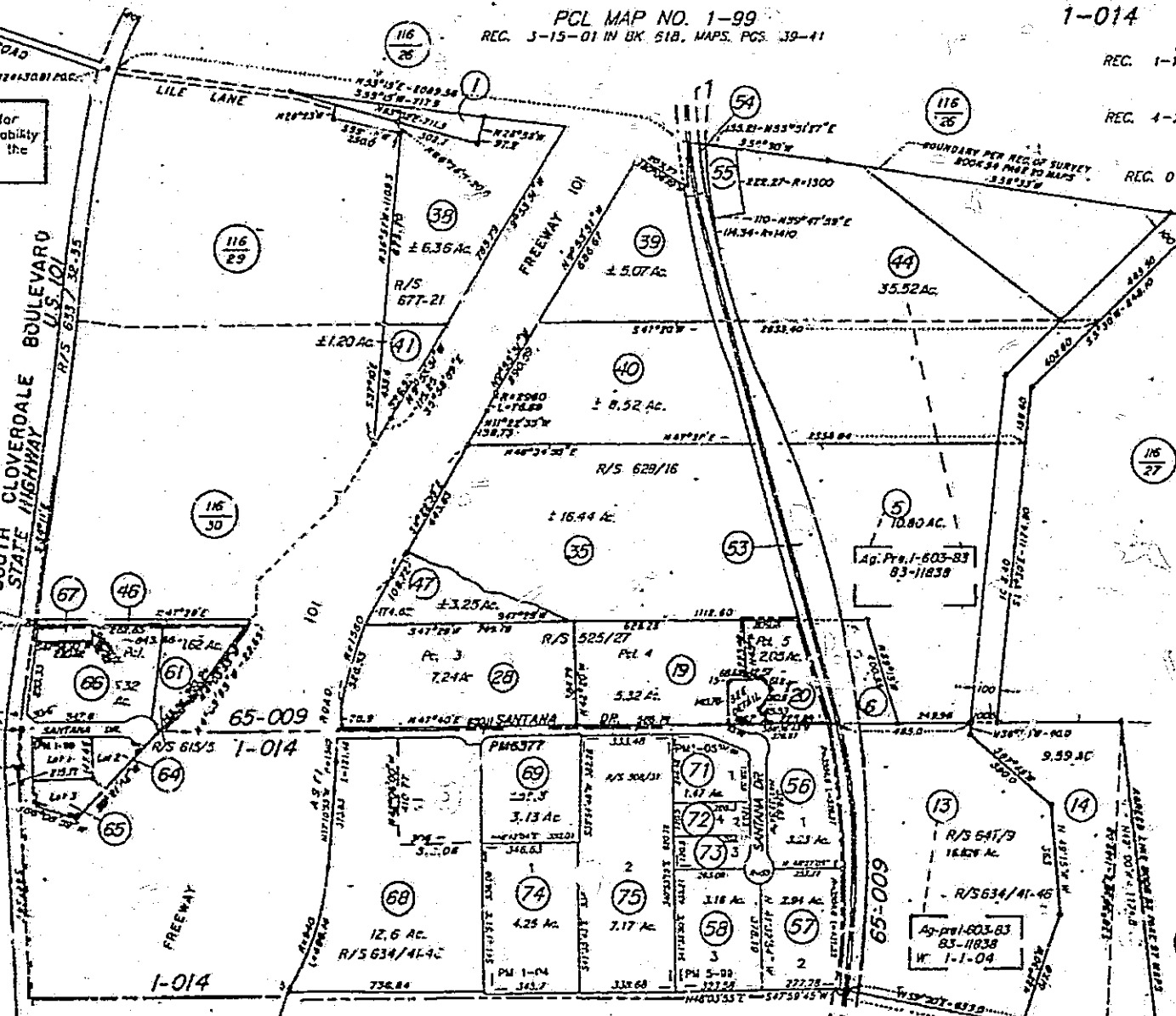
116  
29

116  
30

116  
28

117  
04

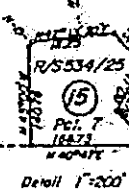
117  
05



SCALE: 1" = 400'

REVISED

- 3-25-03=R/S RL
- 3-28-03=TRA RL
- 3-4-04=60' RL
- 3-4-04=70' RL
- 4-14-04=P/O RL
- 5-28-04=R/S RL
- 9-23-05=R/S LW
- 12-12-05=COR LW
- 7-7-06=73' RL
- 8-4-06=73' RL



PCL MAP NO. 6377  
REC. 2-16-79 IN BK. 282, MAPS, PG. 45

Assessor's Map Bk. 116, Pg. 31  
Sonoma County, Calif. (ACD)  
HYBRID 7/7/06 RL

APN 116-310-005

## Department of Consumer Affairs Contractors State License Board

### Contractor's License Detail - License # 177681

**⚠️ DISCLAIMER:** A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
- Per B&P 7071.17, only construction related civil judgments reported to the CSLB are disclosed.
- Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
- Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

<b>License Num:</b>	177681	<b>Extract Date:</b> 10/23/2008								
<b>Business Information:</b>	WEEKS DRILLING AND PUMP CO PO BOX 176 SEBASTOPOL, CA 94573-0176 Business Phone Number: (707) 542-3272									
<b>Entity:</b>	Corporation									
<b>Issue Date:</b>	08/19/1958									
<b>Expire Date:</b>	09/30/2010									
<b>License Status:</b>	This license is current and active. All information below should be reviewed.									
<b>Classifications:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CLASS</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>D21</td> <td>MACHINERY AND PUMPS</td> </tr> <tr> <td>C57</td> <td>WELL DRILLING (WATER)</td> </tr> <tr> <td>C36</td> <td>PLUMBING</td> </tr> </tbody> </table>		CLASS	DESCRIPTION	D21	MACHINERY AND PUMPS	C57	WELL DRILLING (WATER)	C36	PLUMBING
CLASS	DESCRIPTION									
D21	MACHINERY AND PUMPS									
C57	WELL DRILLING (WATER)									
C36	PLUMBING									
<b>Bonding:</b>	<p><b>CONTRACTOR'S BOND</b> This license filed Contractor's Bond number BD7900531129 in the amount of \$12,500 with the bonding company <u>NATIONWIDE MUTUAL INSURANCE COMPANY</u>. <b>Effective Date:</b> 01/01/2007 <u>Contractor's Bonding History</u></p> <hr/> <p><b>BOND OF QUALIFYING INDIVIDUAL</b> This license filed Bond of Qualifying Individual number BD7900601880 for CHRIS ALAN THOMPSON in the amount of \$12,500 with the bonding company 1. <u>NATIONWIDE MUTUAL INSURANCE COMPANY</u>. <b>Effective Date:</b> 01/01/2007 <u>BQI's Bonding History</u></p> <hr/> <p>This license filed Bond of Qualifying Individual number BD7900565112 for</p>									

W2008-0501

CHARLES FARLEY JUDSON In the amount of \$12,500 with the bonding company  
NATIONWIDE MUTUAL INSURANCE COMPANY

2.

Effective Date: 01/01/2007 ✓  
BQI's Bonding History

This license has workers compensation insurance with the  
ZENITH INSURANCE COMPANY

Policy Number: Z068633803

Workers' Compensation:

Effective Date: 10/01/2008

Expire Date: 10/01/2009 ✓

Workers' Compensation History

Miscellaneous  
Information:

DATE	DESCRIPTION
09/29/2000	CLASS A & B CLASS REMOVED

Personnel listed on this license (current or disassociated) are listed on other licenses.



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INEL08-0501

# WELL PERMIT APPLICATION CHECKLIST

Permit Number: WEL 08-0501

- Onsite & neighboring septic system/sewer line identified from PRMD files
- Public Water System Notified *NA*
- SCEH GISEXPLORE search conducted
- NCRWQCB GeoTracker search conducted
- Field inspection completed
- NCRWQCB approval received *11-13-08 CSK*
- SCEH approval received *NA*
- Issued by PRMD W&S Specialist

\_\_\_\_\_  
REHS

\_\_\_\_\_  
Date