

Well Permit Application

WLS-031

X-Street: Hwy 116

25050 Highway 1		Permit Number	
Site Address	Jenner	Ca	95450
City/Town	State of California	State	Zip
Owner Name	Capitol Bldg	Assessor's Parcel Number	
Mailing Address	Sacramento	Weeks Drilling & Pump Company	
City/Town	(916) 852-9118	Well Driller Name	P.O. Box 176
Phone	Trevor Hartwell - Geocon Consultants	Mailing Address	Sebastopol
Contact Person		City/Town	Ca. 95473
		State	Zip
		C57 - 177681	
		License Number	823-3184
		Phone	823-4258
		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: _____

☐ Destruct ☒ Class I Well ☐ Class II Well ☐ Reconstruction Reason for Class II: _____
[] Geotechnical Borings [] Geoexchange [] Monitoring [] Cathodic [] Dewatering
[] Performance Well [] Piezometer [] Inclinator [] 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: 8" Gauge: SDR21 Material: PVC Gravel Pack ☒ Conductor: Yes ☐ No ☒
Sand Pack ☒
Annular Space: Size: 2" Depth of Seal: 50' Seal Material: Bentonite - Cement
Method of Disinfection: HTH Method of Sealing Access Opening: Well Cap Type of Joint: Glue - Spline

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. _____

(This section)

Starstone National InsuranceCo
#T10200771

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 transferrable and expires one year from the date of issuance.


Signature of Well Driller

11/9/2020
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:	Date:	Seal Inspection Date:	EHS
Finalized by:	Date:	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



Note:

- Site 3 is approx. 25' from existing supply well
- Site 3 is approx. 550' from treatment plant

- LEGEND:**
- Approximate Recommended Test Well Location
 - Approximate Supply Well Location
 - Approximate Stream Location
 - Recommended Well Siting Area





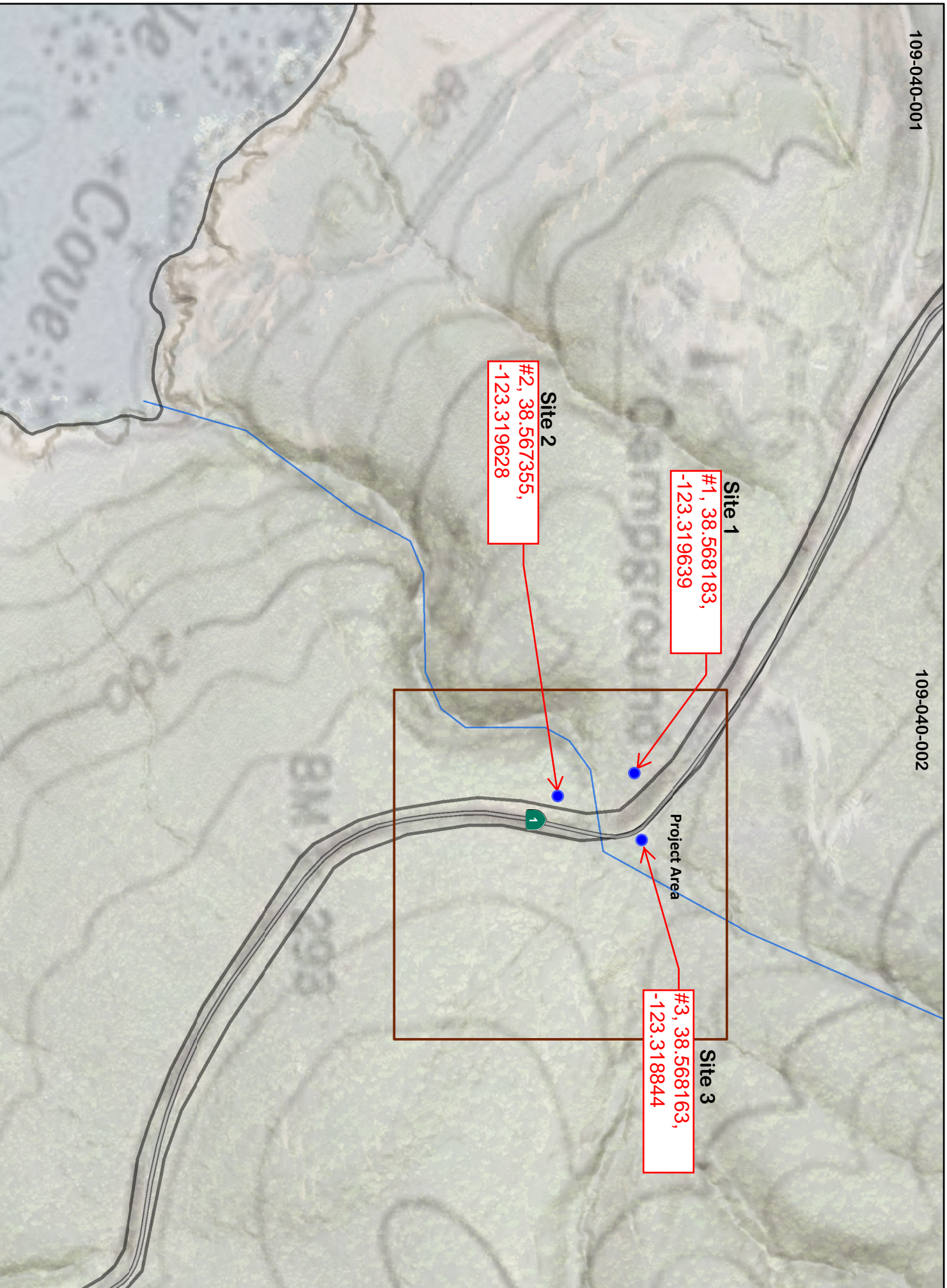
GEOCON
CONSULTANTS, INC.
3160 GOLD VALLEY DR - SUITE 800 - RANCHO CORDOVA, CA 95742
PHONE 916.852.9118 - FAX 916.852.9132

Salt Point State Park
Sonoma County,
California

RECOMMENDED TEST WELL LOCATIONS

109-040-001

109-040-002



SCALE: 1:4,885 1 in = 390 ft
DATE: 9/24/2020
DRAWN: Maslich

0 100 200
Feet
0 45 90
Meters

North Arrow

Water Well Test Drilling - 2020
Salt Point State Park

NOTES: MAP imagery from 2018.

Fig. 1







Madrone Tree w/
possible limbing
required.

Possible borehole
location

Location #2 (View towards NW)



SR-1 and possible
ingress location

Madrone tree with
possible limbing
required.

State Parks
employee for scale

Location #2 (View towards to
the SSE)




Former well

Electrical for
existing well

SR-1

Possible test
borehole location

Location #3

Office
of the
State
Architect

BARRY WASSERMAN
STATE ARCHITECT
Barry Wasserman
PROJECT ARCHITECT / PROJECT ENGINEER

SHEET TITLE *SITE PLAN, INDEX AND LEGEND - MECHANICAL & ELECTRICAL*
PROJECT *CAMPGROUND AND DAY USE AREAS*
CLIENT *DEPARTMENT OF PARKS AND RECREATION* LOCATION *SALT POINT STATE PARK*
STATE OF CALIFORNIA DEPARTMENT OF GENERAL SERVICES

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FIISK MILL DAY USE
SCALE: 1" = 200'

SHEET M-10, E-11

30 X 42

25050 State Hwy 1, Jenner, CA, USA

Map Address