

# Well Permit Application

WLS-031

*Out of Water*

Site Address: 421 Bloomfield Rd  
 City/Town: Sebastapol CA State Zip: 95472  
 Owner Name: Joe Penning  
 Mailing Address: 421 Bloomfield  
 City/Town: Sebastapol CA State Zip: 95472  
 Phone: (707) 857-6215  
 Contact Person: Joe

Permit Number: WEL18-0181  
 Assessor's Parcel Number: 063-200-041  
 Well Driller Name: Irwin Well Drilling  
 Mailing Address: 3801 Biscardi Ln  
 City/Town: Fulton CA State Zip: 95439  
 License Number: (707) 303-5984  
 Phone: irwinwell 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: Search for water / no water (40G/day)

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: 1 Number in use: 1 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: Sch 40 Material: PVC Gravel Pack  Conductor: Yes  No   
 Sand Pack

Annular Space: Size: 2" Depth of Seal: 50" Seal Material: Bentonite

Method of Disinfection: CL Method of Sealing: Cap Type of Joint: Mechanical

DESTRUCTION PROPOSED: Well Diameter: 30" Well Depth: 52" Well Casing: Cement Rings

Method of Destruction: See Attached

**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. NA  
 (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 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: 5/17/18 Seal Inspection Date: 5/17/18 EHS TH  
 Finaled by: \_\_\_\_\_ Date: \_\_\_\_\_ GW Zone: 1(2)3 4  
 Comments: \_\_\_\_\_

**EXPIRED**

## Sonoma County Permit and Resource Management Department

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