Well Permit A WLS-02	
1062 GRATON PO	WEL19-0523
	rmit Number 104-090-036
	sessor's Parcel Number
ILL WATERSON DO	HI Driller Name WEEKS DRILLING & PUMP COMPANY P.O. Box 176
Tailing Address Folson CA 9563 Mai	iling Address Sebastopol, CA 95473-0176
City/Town 707 - 824 - 1439 State Zip City	//Town C57 177 621 State Zip
Phone Christian Lice	ense Number 707-823-3184 707-827-8358
Contact Person Pho	
addition to the information required on the Minimum Standard Site Plan (Form existing well(s) location(s), GPS coordinates of proposed well, sewer mains and site plan is provided and a second field visit is required, a charge at the current well must be staked with the driller's name.	d laterals, and other potential sources of contamination. If an inadequate t hourly rate will be assessed. The precise site location of the proposed
leason for new well: Well For VINERARY IRUCATION & F	Farta Pasiparca
	Reason for Class II:
] Geotechnical Borings [] Geoexchange [] Monitoring	[] Cathodic [] Dewatering
] Performance Well [] Piezometer [] Inclinometer	[] Other:
otal number of wells on property: Number in use:	_ Number inactive: Number abandoned:
Vell located within an existing public water system boundary: Yes D No Y Na CONSTRUCTION PROPOSED: •	ame of System:
iasing: Diameter: 5 Gauge: SDPU Material: Material: innular Space: Size: 2" Depth of Seal: Depth of Seal:	P Sand Pack & Sent comment Seal Material: Bent comment Type of Gue / Splane
ethod of Destruction:	Weil Odding
WORKER'S COMPENSATION DECLARATION I have by 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 Starstone National InsuranceCo	commencing this work. I will furnish the Permit and Resource Management Department and the owner a copy of the State Well Completion Report
No.	Signature of Well Griller Date
#T10190771	Date
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLA CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	
	To Be Completed by PRMD Staff ()
U DO NOT WRITE BELOW THIS LINE -	To be completed by I thinb oftan o
O DO NOT WRITE BELOW THIS LINE - Date:	

Existing Well Information Disclosure 11062 Graton Road

All permit applications for new wells shall include a disclosure by the property owner and/or well drilling contractor of the following information pertaining to any existing wells on the property located within one hundred feet (100') of the proposed well, to the extent that such information is known to the property owner:

- (i) The current and future uses of the existing well(s); <u>Current / Future: Residential</u>
- (ii) Existence of contamination in the existing well(s); <u>None reported</u>
- (iii) The construction of the existing wells(s) such as its dimensions, depth, casing material, seal depth and screen interval; <u>See attached</u>
- (iv) A copy of the well log(s); <u>Attached</u>

, ,

(v) Any existing well(s) to be destroyed <u>None</u>