City/Town John TICHENOR State Zip As Dwner Name BA 20070 Mailing Address PEDMONT CA 94620	031 X-S Well9 Permit Number 109-220-010 Issessor's Parcel Number Well Driller Name failing Address itt//Town	EEKS DRILLING & PUMP COMPANY P.O. Box 176 Sebastopol, CA 95473-0176
32 890 KEA WEW M       Site Address       CHEADED       City/Town       Tott TICKENOR       Dwner Name       No       BAT 20070       Mailing Address       PEDMONT       CA       PICTON	Well9 Permit Number /09 - 220 - 010 Issessor's Parcel Number Well Driller Name Mailing Address	- 0487 EEKS DRILLING & PUMP COMPANY P.O. Box 176
Site Address CHEARERO CA City/Town John TICHENOR State Zip As Downer Name No BA 20070 Mailing Address PEDMONT CA 94620 City/Town	/09-220-610 ssessor's Parcel Number W Vell Driller Name failing Address	P.O. Box 176
CHRANCE CA City/Town John TICHENOR State Zip As Dwner Name W No BA 20070 Mailing Address PEDMONT CA 94620 Dity/Town State Zip M	/09-220-610 ssessor's Parcel Number W Vell Driller Name failing Address	P.O. Box 176
Diver Name No BA 20070 Mailing Address PEDMONT CA 94622 M	Vell Driller Name failing Address	P.O. Box 176
Address PEDMONT CA 9462	lailing Address	
Aailing Address PEDMONT CA 94620 M	tity/Town	Sebastopol CA 95473-0176
ity/Town	tity/Town	Contraining out of the office
107-837-38% State Zip C.	ity/rown (maile	2
	657-17769	/ State Zip
hone Bramor Li	icense Number 707-223.3(8/	707-823-1953
	hone	Fax
addition to the information required on the Minimum Standard Site Plan (For existing well(s) location(s), GPS coordinates of proposed well, sewer mains ar site plan is provided and a second field visit is required, a charge at the currer well must be staked with the driller's name.	nd laterals, and other potential s	ources of contamination. If an inadequate
IDICATE TYPE AND NUMBER OF PROPOSED WELLS/BORINGS: dicate use: A Residential Community Irrigation		
dicate use: A Residential Community Irrigation eason for new well: INCREASE WATER PR. D. C. S. Mar	Industrial	+ SPRIAL
Destruct Class I Well Class II Well Cass I Well	Reason for Class II:	
] Geotechnical Borings [ ] Geoexchange [ ] Monitoring	[ ] Cathodic	[ ] Dewatering
] Performance Well [ ] Piezometer [ ] Inclinometer	r [ ] Other:	
otal number of wells on property: Number in use:	Number inactive:	Number abandoned:
ell located within an existing public water system boundary: Yes 🗅 No 🕅	Name of System:	
ONSTRUCTION PROPOSED;       Gauge: 50P21       Material:         asing:       Diameter: 5       Gauge: 50P21       Material:         nnular Space:       Size: 2       Depth of Seal: 26'         ethod of Disinfection:       454       Method of Sealing	Sand Pack	Xxxxxxx
ESTRUCTION PROPOSED: Well Diameter: Well Depth		
ethod 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. A 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. CThis sectior #T10190771	and State of California pertainin 565-1694 to notify the Envir commencing this work. I will fn Department and the owner a within thirty (30) days in or required by SONOMA COUN the application will become a po	Il laws and regulations of the County of Sonoma g to water well construction. I will telephone (707) onmental Health Specialist 24 hours prior to inrish the Permit and Resource Management a copy of the State Well Completion Report der to obtain final approval on this well as TY CODE, CHAPTER 25B. I acknowledge that armit only after site approval and payment of fee. not transferrable and expires one year from the 9/34.00 Date
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNL CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION T 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.	LAWFUL, AND SHALL SUBJECT SUBJECT SUBJECT SHALL SUBJEC	NEMPLOYER TO CRIMINAL PENALTIES AND I, DAMAGES AS PROVIDED FOR IN SECTION
ite approved by: from Hyper And Date: 10/2	- To Be Completed by PRMD 2/19 Seal Inspection Da	
inaled by:	Date:	GW Zone: 1 2 3 4
omments	Bato.	

 Sonoma County Permit and Resource Management Department

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

 Cm uller
 S:\Handouts\WLS\WLS\US\SUBS Ventura Application.wpd 07/20/10
 DISTRIBUTION; White - PRMD; Canary - Well Driller



Permit Sonoma County, BuildingFootprintUSA, Esri, HERE, Garmin, INCREMENT P, METI/NASA, USGS, Bureau of Land Management, EPA, NPS, US Census Bureau, USDA | PLEASE READ CAREFULLY ACCESS AND USE CONSTRAINTS. PRMD REQUESTS YOUR