

KEMIJI WELL PROJECT

3280 Hicks Rd, APN 130-146-003, WEL25-0379

2550 Ventura Ave
 Santa Rosa, CA 95403

Follow Ventura Ave to Bicentennial Way

- ↑ 1. Head west toward Ventura Ave 2 min (0.4 mi)
- ↪ 2. Turn right onto Ventura Ave 223 ft
- 0.4 mi

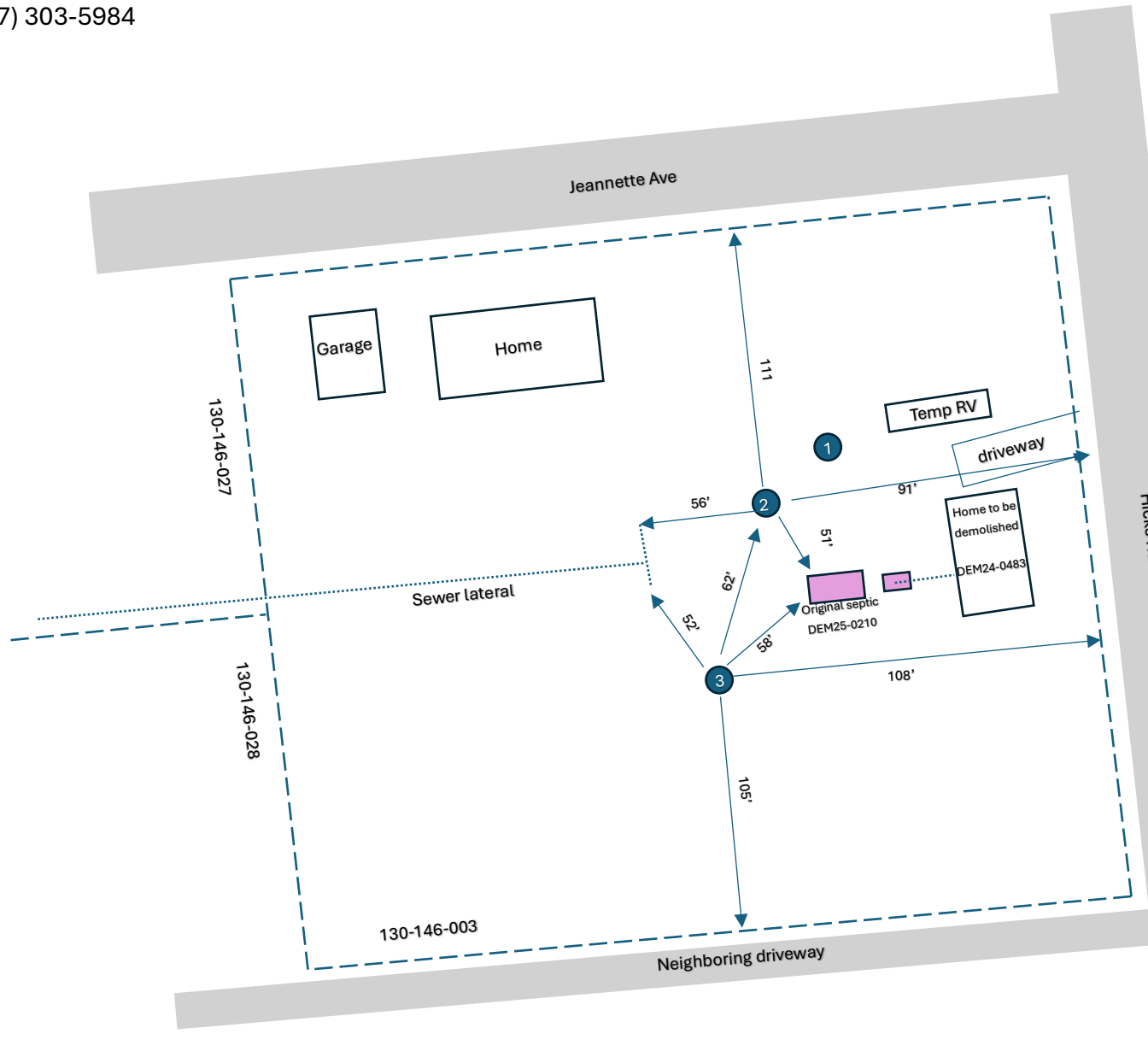
Take Piner Rd and Guerneville Rd to Jeannette Ave in Graton

- ↪ 3. Turn left onto Bicentennial Way 17 min (9.5 mi)
- ↪ 4. Use the right 2 lanes to turn right onto Range Ave 0.4 mi
- ↪ 5. Use the left 2 lanes to turn left onto Piner Rd 430 ft
- ↪ 6. Turn left onto Olivet Rd 4.6 mi
- ↪ 7. Turn right onto Guerneville Rd 1.0 mi
- ↪ 8. Turn left onto Vine Hill Rd 2.5 mi
- ↑ 9. Continue onto Mueller Rd 0.6 mi
- 0.3 mi

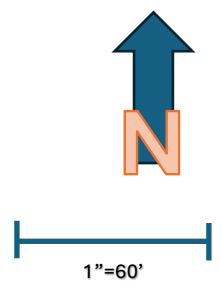
Continue on Jeannette Ave. Drive to Hicks Rd

- ↪ 10. Turn right onto Jeannette Ave 38 sec (0.1 mi)
- ↪ 11. Turn left at the 1st cross street onto Hicks Rd 495 ft
- Destination will be on the right 151 ft

10/5/2025



- 1-Existing well to be destroyed, 8" steel, 90' TD: gravel to 30', excavated 0-4', neat cement 30-0'. 38.43852, -122.86585
 - 2-38,43844, -122.86588. New Class II Well, 5" PVC, ~280' TD, 50' Neat Cement Seal. WEL25-0379
 - 3- 38.43823, -122.86590. Class II Well, 5" PVC, ~280' TD, 50' Neat Cement Seal. WEL25-0380
- Parcel to be divided at a later date. Wells to be on separate parcels once lot is divided.
- Parcel Boundary
 - Public sewer lateral



Well Permit Application
 WLS-031

Site Address: 3280 Hicks Rd Permit Number: WEL25-0379
 City/Town: Sebastopol State: CA Zip: 95472 Assessor's Parcel Number: 130-146-003
 Owner Name: Steve Kemiji Well Driller Name: Irwin Well Drilling Inc
 Mailing Address: 3280 Hicks Rd Mailing Address: 3801 Bisardi Ln
 City/Town: Sebastopol State: CA Zip: 95472 City/Town: Fulton State: CA Zip: 95439
 Phone: (707) 480-4585 License Number: 891725
 Contact Person: Steve Phone: (707) 303-5984 Fax: irwinwelldrilling@gmail.com

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: Existing Well Failing
 Destruct Class I Well Class II Well Reconstruction Reason for Class II: Proximity to geosite
 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: SDR21 Material: PVC Gravel Pack Sand Pack Conductor: Yes No
 Annular Space: Size: 2" Depth of Seal: 50' Seal Material: Neat Cement
 Method of Disinfection: HTH Method of Sealing Access Opening: Cap Type of Joint: Mechanical
DESTRUCTION PROPOSED: Well Diameter: 8" Well Depth: 90' Well Casing: 188 steel
 Method of Destruction: Rip 0-30, Gravel 90-30, Tremie neat cement 30-0

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: State Fund
 Policy No.: 9261367
 (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 non-transferable and expires one year from the date of issuance.
 Signature of Well Driller: [Signature] Date: 9/10/25

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 ATTORNEYS 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: _____