

9 - PERFORATIONS (list all if applicable)			
From (ft.)	260' - 290' / 316'	To (ft.)	330'
		Well Screen Size	1040
		Pumping Rate (gpm)	—
10 - SEALED ZONES (list all if applicable)			
From (ft.)			To (ft.)
11 - PLOT PLAN			
<p>a) In perspective to the well site, sketch and label the following items <u>on a separate paper</u>: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.</p> <p>b) Indicate the distance, in feet, of any of the above which are within 500 ft. of the well site. The plot plan needs to be drawn to scale (1/2 inch = 100 feet). Show the approximate drainage pattern of the property and show access roads to the well site within 500 feet.</p> <p>c) <input checked="" type="checkbox"/> None of the above is within 500 feet.</p> <p>d) Solid or Liquid Disposal Site within Two Miles      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No      Location</p>			
12 - METHOD OF CONSTRUCTION OR DESTRUCTION			
<p>Provide the method of construction/destruction in the space below or as an attachment if more space is needed. The method shall be in accordance with the standards recommended in the California Department of Water Resources Bulletin No. 74-81 and 74-90. Title 22 standards shall also be followed for public water supply wells.</p> <p>I will submit water well drillers report to Environmental Health Services within 30 days of completion, and will construct or destroy well/borings in accordance with the permit application and Water Well Standards Bulletin 74-81 &amp; 74-90.</p>			
13 - AGREEMENT AND SIGNATURE			
I have read this application and agree to comply with all laws regulating the type of work being performed.			
Property Owner's Signature	<input checked="" type="checkbox"/> <i>[Signature]</i>	Date	11-5-2019
Print Property Owner's Name		MARINA WEST % Bighorn-Desert View Water Agency	
C-57 Contractor's Signature	<input checked="" type="checkbox"/> <i>[Signature]</i>	Date	11-5-19
Print Contractor's Name		Keith Collier	
For Office Use Only		DISPOSITION OF PERMIT	
<input type="checkbox"/> Sent to Water Agency	Permit Number:		
<input type="checkbox"/> Water Agency conditions or recommendations attached	Expiration Date:		
<input type="checkbox"/> Denied	WP Number:		
<input type="checkbox"/> Approved subject to the following:	<p>A. <input type="checkbox"/> Notify the Division's Safe Drinking Water Program at (800) 442-2283 at least seventy two (72) hours in advance to make an inspection of the following operations: (Inspections are conducted Monday – Friday between 8:00 AM to 5:00 PM). Failure to cancel or reschedule appointments may result in an additional hourly fee.</p> <p><input type="checkbox"/> Prior to sealing of the annular space or filling of the conductor casing.</p> <p><input type="checkbox"/> After installation of the surface protective slab and pumping equipment.</p> <p><input type="checkbox"/> After installation of the surface features.</p> <p><input type="checkbox"/> During destruction of wells, prior to pouring the sealing material.</p> <p>B. <input type="checkbox"/> Submit to the Division, within thirty (30) days after completion of work, a copy of:</p> <p><input type="checkbox"/> Water Well Driller's Report      <input type="checkbox"/> Bacterial Analysis      <input type="checkbox"/> Inorganic Chemical Analysis      <input type="checkbox"/> General Physical</p> <p><input type="checkbox"/> Radiological Analysis      <input type="checkbox"/> Nitrate as Nitrogen      <input type="checkbox"/> Organic Chemical Analysis      <input type="checkbox"/> General Mineral</p>		
Comments			
For Office Use Only		For Office Use Only	
Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):	