



▶ Please complete all information.

		DISTRICT PERMIT NO.:
Well Owner:	Property Owner:	Name of Business/Residence at Site:
Well Owner's Mailing Address:	Property Owner's Mailing Address:	Address of Well Site:
City, State, Zip	City, State, Zip	City, State, Zip
Telephone No.:	Telephone No.:	Assessor's Parcel No. of Well Site:
		Book _____ Page _____ Parcel _____
Consultant:	Drilling Company:	
Address:	Address:	
City, State, Zip	City, State, Zip	
Telephone No.:	Telephone No.:	C-57 License No.:
<input type="checkbox"/> Check if address or phone number has changed	<input type="checkbox"/> Check if address or phone number has changed	

▶ All questions below are to be completed before permit can be issued; if unknown, applicant shall make on-site investigation to determine correct answers.

WELL INFORMATION		
Well Registration No.:	Owner/Consultant Well No.:	Original Well Construction Permit No.:
Well Casing Depth:	Total Boring Depth:	Well Casing Diameter:

This Section to Be Completed for All Monitoring Wells or Extraction/Recovery Wells

Case Name/No.:	Caseworker Name:
Oversight Agency:	Caseworker Telephone No.:

Well on District property/easement (See General Condition E.)

Well Description:

Vertical Well Dewatering Well Elevator Shaft Multiple Casing Horizontal Wall Pit Well

Well Type (check all that apply):

<input type="checkbox"/> Water Producing (supply or extraction)	<input type="checkbox"/> Contamination Cleanup	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Domestic	<input type="checkbox"/> Municipal & Industrial
<input type="checkbox"/> Vapor Extraction	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Inclinator	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Vadose
<input type="checkbox"/> Piezometer	<input type="checkbox"/> Interface	<input type="checkbox"/> Suction Lysimeter	<input type="checkbox"/> Seismic	<input type="checkbox"/> Injection/Infiltration
<input type="checkbox"/> Contamination Cleanup	<input type="checkbox"/> Reclaimed Water	<input type="checkbox"/> Air Sparging	<input type="checkbox"/> Cathodic Protection	

ADDITIONAL QUESTIONS FOR WATER PRODUCING WELLS

Does the well have:

1. Outer conductor casing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Annular cement seal outside of casing at surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. A S.C.V.W.D. water meter attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type of Original Drilling Method:

Rotary Cable-Tool Hand-Dug Pit Well Hollow Stem Auger Other: _____

IMPORTANT: A minimum 24-hour notice must be given to Santa Clara Valley Water District prior to installing the annular seal. Call (408) 265-2607, ext. 2660. Please allow 10 working days to process permit application.

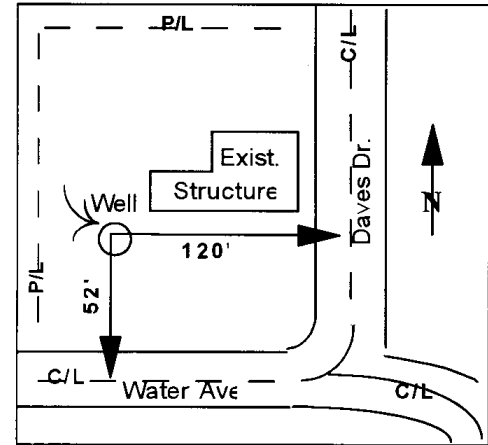
SITE PLAN

Well Location

(Draw accurately; recommend using assessor's map):

1. Sketch well location to scale; show dimensions to nearest foot.
2. Show a minimum of two dimensions at right angles. Dimensions shall be from the centerline of the closest named streets, roads, or highways.

EXAMPLE:



Sketch well location as described above:



Please describe in detail, the proposed destruction method (Any well destruction in which the well casing is left in place and in which the well has a filter pack outside the casing, must be destroyed using approved neat cement grout):

SIGNATURES

I understand and agree that all work associated with this permit is required to be done in accordance with Santa Clara Valley Water District (District) Well Ordinance 90-1, the District Well Standards, and conditions of this permit (see page 4). I certify that the information given in this permit is correct to the best of my knowledge and that the signature below, whether original, electronic, or photocopied, is authorized and valid, and is affixed with the intent to be enforceable. I also certify that a right of entry/encroachment agreement has been formalized between the well owner and property owner, if parties differ.

Signature of Well Owner/Agent:	Print Name:	Date:
Signature of Property Owner/Agent:	Print Name:	Date:
Signature of Driller/Agent:	Print Name:	Date:
Signature of Consultant/Agent (if any):	Print Name:	Date:

DISTRICT USE ONLY

The District has approved the following destruction methods for the well described in this permit:

- Pressure Grout Method (as outlined in Standards)
 NOTE: Neat cement is the only sealing material approved for pressure grouting.
- Drill out well to a total depth of _____ feet, with a minimum bore of _____ Inches.
- Clean out well casing to a total depth of _____ feet and back fill with approved sealing material (if total depth is unknown, driller must determine total depth during clean out of well). NOTE: Neat cement is the only sealing material approved for back filling gravel packed wells.
- Well casing must be perforated at the following depths prior to backfilling: _____
- Other: _____

Permit Approved by:	Date:
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District Permit No.:	Date Issued:	Expiration Date:	Driller's Log No.:
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Please allow 10 working days to process this application.

GENERAL CONDITIONS

- A. **District** (telephone 408-265-2607, ext. 2660) **must be notified a minimum of one working day before the placement of the well destruction sealing materials.** An authorized District representative must be on site to witness the destruction activities. This requirement may be waived by an authorized District representative. If the District waives the inspection requirement, the District may request the permittee(s) to furnish certification under penalty of perjury that the well was destroyed in accordance with the District Well Standards and with the permit conditions.
- B. This permit is valid only for the purpose specified herein. Well destruction methods authorized under this permit may not be changed except by written approval of an authorized District representative, and only if the District believes that such a change will result in equal or superior compliance with the District and State Well Standards (e.g., if the District representative believes that site conditions warrant such a change).
- C. This permit is only valid for the Assessor's Parcel No. indicated on it.
- D. This permit may be voided if it contains incorrect information. If the permit is voided after work has begun, the well or boring that is being destroyed under this permit may be required to be reconstructed in accordance with District and State Well Standards.
- E. If any work associated with this permit will take place on District property/easement, an encroachment or construction permit must be granted by the District's Community Projects Review Unit (telephone 408-265-2607, ext. 2350, 2217, or 2253).
- F. Within 30 days of the completion of the well destruction activities, the driller or consultant identified on this permit shall fully complete State of California DWR Form 188 and submit the original to the District's Wells and Water Production Unit.
- G. The permittee(s) shall assume entire responsibility for all activities and uses under this permit and shall indemnify, defend, and hold the District, its officers, agents, and employees free and harmless from any and all expense, cost, and liability in connection with or resulting from, the granting of or exercise of this permit including, but not limited to, property damage, personal injury, and wrongful death.
- H. Permittees are required to be in full compliance with Cal/OSHA California Labor Code Section 6300.
- I. A current C-57 Water Well Drilling Contractor's License is required for the destruction of all wells.
- J. Permittee, permittee's contractors, consultants, or agents shall be responsible to assure that all materials generated during drilling, well destruction, well development, pump testing, or other activities associated with this permit will be safely handled, properly managed, and disposed of according to all applicable federal, state, and local statutes regulating such. In no case shall these materials/waters be allowed to enter, or potentially enter, on- or off-site storm sewers, dry wells, or waterways. Such materials/waters shall not be allowed to move off the property where the work is being completed.
- K. The driller and consultants (if applicable) shall have an active copy of their Worker's Compensation Insurance on file with the District.
- L. This permit shall expire if not exercised within 180 calendar days of its approval unless an extension of the permit expiration date is granted by an authorized District representative.
- M. If the well approved to be destroyed under this permit is a monitoring well, associated with an investigation/cleanup overseen by a regulatory agency, the proposed well destruction must be approved by the person with regulatory authority over the investigation/cleanup.
- N. This permit must be kept on site during all activities associated with it and shall immediately be presented to an authorized District representative upon request.

Please allow 10 working days to process this application.