

APPLICATION FOR DRILLING PERMIT

ALAMEDA COUNTY WATER DISTRICT
 43885 South Grimmer Blvd. • P.O. Box 5110
 Fremont, California 94537-5110
 Engineering Department 1 (510) 668-4460

(APPLICATION TO BE TYPED)

WELL ORDINANCE
 _____ City of Fremont No. 963
 _____ City of Newark No. 136
 _____ City of Union City No. 109-73

Application Received Date: _____	By: _____	Permit Issued Date: _____	Permit Expiration Date: _____	Job No. _____	Permit No. _____ Well No. _____
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PROPERTY OWNER	JOB ADDRESS _____ _____
PROPERTY OWNER	NAME: _____ ADDRESS: _____ TELEPHONE: _____
CONSULTING ENGINEER	NAME: _____ ADDRESS: _____ TELEPHONE: _____ RG/CFG/RCE NO. _____
WELL DRILLING CONTRACTOR	NAME: _____ ADDRESS: _____ TELEPHONE: _____ STATE LIC. NO. C57 _____

When properly signed
**THIS APPLICATION
IS A VALID PERMIT**

*to perform only work described below at the given job address, in accordance with the City Ordinance checked above and all other applicable laws and regulations. Discontinuation of work may result in revocation of permit by Inspecting Officer. **Permittee must schedule the work in advance with the Inspecting Officer, ACWD's approval of drawings, designs, specifications, reports and incidental work or materials shall not in any way relieve the applicant of responsibility for the technical adequacy of the work. Except for special circumstances, all work to be inspected must be performed within ACWD work hours - 7:00 a.m. to 4:30 p.m., Monday through Friday.***

PLEASE CHECK TYPE OF PROPOSED WORK

WATER (Pumping) WELL	GEOTECHNICAL INVESTIGATION	CHEMICAL INVESTIGATION
Construction _____	Exploratory Holes _____	Exploratory Holes _____
Repair or Reconstruction _____	Monitoring Wells, Construction _____	Vapor Sampling Investigation _____
Destruction _____	Monitoring Wells, Destruction _____	Monitoring Well Destruction _____
Cathodic Protection Hole _____		Air Sparging Well _____
Dewatering _____		Monitoring Well Const. (Chemical Leak) _____
		Monitoring Well Const. (Compliance Wells) _____
		Monitoring Well Const. (Baseline Study) _____
		Vapor Extraction Well _____

Description of Proposed Work _____

TOTAL ESTIMATED COST \$ _____

PERMIT CONDITIONS

FEES:

<p>E Private _____</p> <p>S Public (Governmental) Agency _____</p> <p>T Public Utility _____</p> <p>I Permit Issuance Fee \$ _____</p> <p>M Field Investigation and Inspection Fee \$ _____</p> <p style="text-align: right;">ESTIMATE TOTAL \$ _____</p> <p>A Permit Issuance Fee \$ _____</p> <p>C Field Investigation and Inspection Fee \$ _____</p> <p style="text-align: right;">TOTAL \$ _____</p>	
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DEPOSIT:

Date Received _____

P.O. NO. _____ Cash _____ Check No. _____

Estimated Amount \$ _____

Actual Amount \$ _____

Difference \$ _____

Refund \$ _____ Date _____

Billed 4 _____ Date _____

GUARANTEE OF PERFORMANCE

Cash Deposit _____ Bond _____

Amount \$ _____ Date _____

(NOT TO EXCEED TOTAL ESTIMATED COST)

Return Amount \$ _____ Date _____

ACWD SITE NO. _____	INSPECTING OFFICER APPROVAL _____	DATE: _____
APPROVED FOR SCHEDULING BY: _____	DATE: _____	DATE: _____

I hereby agree to comply with all conditions of this permit in accordance with the City Well Ordinance checked above, and to furnish the Alameda County Water District a completed copy of D.W.R. water well Drillers Report (form 188) or acceptable facsimile as well as any chemical testing results within fifteen (15) days after completion.

Title: _____ Signature: _____ Date: _____

Representing: _____ Name (printed): _____