

APPLICATION FOR DRILLING PERMIT

Application Received	Permit Issued	Permit Expiration	Job No. _____
Date: _____	By: _____	Date: _____	Date: _____
			Permit No. _____
			Well No. _____

JOB ADDRESS: _____

PROPERTY OWNER
 NAME: _____
 ADDRESS: _____
 TELEPHONE: _____

CONSULTING ENGINEER
 NAME: _____
 ADDRESS: _____
 TELEPHONE: _____ RG/CEG/RCE NO. _____

DRILLING CONTRACTOR
 NAME: _____
 ADDRESS: _____
 E-MAIL ADDRESS: _____
 TELEPHONE: _____ STATE LIC. NO. _____

When properly signed

THIS APPLICATION IS A VALID PERMIT

*to perform only work described below at the given job address, in accordance with ACWD Ordinance No. 2010-01 and all other applicable laws and regulations. Discontinuation of work may result in revocation of permit. **Permittee must schedule the work in advance with ACWD.** ACWD's approval of drawings, designs, specifications, work plans, reports or incidental work and materials shall not relieve the permittee 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
*Each well or other excavation requires a separate permit application form unless otherwise indicated.
 Only one specific type of work can be checked per permit application.*

WELLS	EXPLORATORY HOLES	OTHER EXCAVATIONS
CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> DESTRUCTION <input type="checkbox"/> Water Well <input type="checkbox"/> Monitoring Well: <input type="checkbox"/> Chemical Investigation <input type="checkbox"/> Injection Well <input type="checkbox"/> Geotechnical Investigation <input type="checkbox"/> Geothermal Heat Exchange Well <input type="checkbox"/> Dewatering Well <i>(Multiple dewatering wells may be grouped together on the same permit application form)</i> <input type="checkbox"/> Quantity: _____	CONSTRUCT./DESTRUCT. <input type="checkbox"/> <i>Multiple exploratory holes of the same type may be grouped together on the same permit application form.</i> Chemical Investigation <input type="checkbox"/> Injection Boreholes <input type="checkbox"/> Soil Vapor Sampling <input type="checkbox"/> Geotechnical Investigation <input type="checkbox"/> Quantity: _____	CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> DESTRUCTION <input type="checkbox"/> Cathodic Protection Well <input type="checkbox"/> Inclinator <input type="checkbox"/> Vibrating Wire Piezometer <input type="checkbox"/> Elevator Shaft <input type="checkbox"/> <i>Multiple other excavations of the same type may be grouped together on the same permit application form for the following:</i> Cleanup Site Excavation (s) <input type="checkbox"/> Wick Drains <input type="checkbox"/> Shaft, Tunnel, or Directional Borehole (s) <input type="checkbox"/> Support Piers, Piles, or Caissons <input type="checkbox"/> Other: _____ <input type="checkbox"/> Quantity: _____

DESCRIPTION OF PROPOSED WORK: _____

TOTAL ESTIMATED COST
\$ _____

PERMIT CONDITIONS: _____

FEES: Private <input type="checkbox"/> City <input type="checkbox"/> Governmental Agency <input type="checkbox"/> GUARANTEE OF PERFORMANCE: Cash Deposit <input type="checkbox"/> Bond <input type="checkbox"/> REFUND: Amount \$ _____ Reason: _____	FEES/DEPOSIT: Date Received _____ Estimated Amount \$ _____ Check No. _____ Actual Amount \$ _____ Cash _____ Difference \$ _____
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ACWD SITE NO. _____

APPROVED FOR SCHEDULING BY: _____ DATE: _____ APPROVED BY: _____ DATE: _____

I hereby agree to comply with all conditions of this permit in accordance with ACWD Ordinance No. 2010-01 and to furnish the District a completed copy of D.W.R. Drillers Report (form 188) within sixty (60) days after completion as well as any chemical testing results within thirty (30) days after completion.

Title: _____ Signature: _____ Date: _____

Representing: _____ Name (printed): _____