

APPLICATION
 FOR
 INACTIVE CLASSIFICATION

Application Received Date: _____	Permit Issued By: _____ Date: _____	Permit Expiration Date: _____	Job No. _____	Permit No. _____ Well No. _____
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ALL NON-SHADED AREAS TO BE COMPLETED BY WELL OR OTHER EXCAVATION OWNER

WELL OR OTHER EXCAVATION ADDRESS: _____ NAME: _____ ADDRESS: _____ TELEPHONE: _____ E-MAIL: _____ NAME: _____ ADDRESS: _____ TELEPHONE: _____ E-MAIL: _____	<i>When properly signed</i> THIS APPLICATION IS A VALID PERMIT <i>for an inactive classification, which must be renewed annually and must be issued on or prior to the expiration date on the current permit for inactive classification. An inactive classification is a well or other excavation that is in compliance with ACWD Ordinance No. 2010-01 and has not been used for a period of 12 months for its intended purpose.</i>
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State Well Number (if known):	Owner's Well Number:	Previous Inactive Permit No.:
Date of Planned Reactivation:	Pump/Motor Installed (Yes/No):	Pump/Motor Type:
Date of Last Use:	Approximate Usage During the Last Year (in gallons):	Any Other Information:

Reason for applying for inactive classification:

PERMIT CONDITIONS: The well or other excavation must meet all current standards set forth in Ordinance No. 2010-01.

As evidence of the owner's intention regarding continued use and as a condition of this permit, the permittee will properly maintain the well or other excavation in such a way that:

- 1) The well or other excavation has no defects which will permit the impairment of the quality of groundwater.
- 2) The well or other excavation is appropriately protected to prevent accidental entry or unauthorized access of any person, entry by any animal, and entry of water, fluids, or foreign matter.
- 3) The well or other excavation is marked so as to be easily visible and located.
- 4) The area surrounding the well or other excavation is kept clear of brush, debris, and waste materials.
- 5) The well or other excavation shall be accessible by a drill rig so that work can be performed on the well or other excavation as needed.

If the well or other excavation is not activated or if a plan to activate the well or other excavation is not submitted to the District within twelve (12) months after issuance of the tenth consecutive permit for inactive classification, the permittee will be denied the issuance of any additional permits for inactive classification and the well or other excavation will be required to be destroyed.

SPECIAL CONDITIONS: _____

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

I hereby agree to comply with all conditions of this permit in accordance with ACWD Ordinance No. 2010-01.

Well Owner Signature: _____ Date: _____

Name (printed): _____