

APPLICATION FOR DRILLING PERMIT

Application Received Date: _____	By: _____	Permit Issued Date: _____	Permit Expiration Date: _____	Job No. _____	Permit No. _____ Well No. _____
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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
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> DESTRUCTION <input type="checkbox"/> Water Well Monitoring Well: <input type="checkbox"/> Chemical Investigation <input type="checkbox"/> Injection Well (for Chemical Cleanup) <input type="checkbox"/> Geotechnical Investigation <input type="checkbox"/> Geothermal Heat Exchange Well <hr/> <input type="checkbox"/> Dewatering Well (<i>Multiple dewatering wells may be grouped together on the same permit application form</i>) Quantity: _____	<input type="checkbox"/> CONSTRUCT./DESTRUCT. <i>Multiple exploratory holes of the same type may be grouped together on the same permit application form.</i> <input type="checkbox"/> Chemical Investigation <input type="checkbox"/> Injection Boreholes <input type="checkbox"/> Soil Vapor Sampling <input type="checkbox"/> Geotechnical Investigation Quantity: _____	<input type="checkbox"/> 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 <hr/> <i>Multiple other excavations of the same type may be grouped together on the same permit application form for the following:</i> <input type="checkbox"/> 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: _____ Quantity: _____

DESCRIPTION OF PROPOSED WORK: _____

TOTAL ESTIMATED COST
\$ _____

PERMIT CONDITIONS:

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