



**CITY OF COALINGA
COMMUNITY DEVELOPMENT DEPARTMENT**

155 W. Durian Ave., Coalinga Ca. 93210 (559) 935-1533 FAX (559) 935-5912
Website: www.coalinga.com

PERMIT TO CONSTRUCT, DEEPEN, DESTROY, RECONDITION, OR REPAIR A WELL

Note: This permit is non-transferable and is valid for 180 days

PERMIT NUMBER: _____

Application Date _____ Estimated Starting Date _____
T: _____ R: _____ S: _____
APN: _____ / _____ / _____

OFFICE USE ONLY	
Payment Date: _____	Receipt # _____
Amount: _____	
Specialist: _____	Census Tract: _____
Facility ID# _____	Record ID#: _____
<input type="checkbox"/> Well location in Designated Flood Zone. Extend casing above known flood level. Depth To Corcoran Clay (special annular seal requirements apply) _____	

Job Address/Location: _____ Parcel Size: _____
Owner Name: _____ Owner Phone: _____
Owner Address: _____ City: _____ State: _____ Zip: _____
Contractor Name: _____ License #: _____ Phone: _____

TYPE OF WORK New Well Replacement Well Reconstruction/Deepening Test Hole Only Destruction

INTENDED USE	<input type="checkbox"/> Domestic Private	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Industrial	<input type="checkbox"/> Cathodic	<input type="checkbox"/> Monitoring
	<input type="checkbox"/> Soil Boring	<input type="checkbox"/> Domestic Public	System Name: _____		

WELL CONSTRUCTION	<input type="checkbox"/> Casing Driven	<input type="checkbox"/> Cable Tool	<input type="checkbox"/> Hardrock	<input type="checkbox"/> Auger	<input type="checkbox"/> Direct Rotary	<input type="checkbox"/> Reverse Rotary
Conductor Casing	Material: _____	Diameter: _____	In. Depth: _____	Ft.		
Well Casing	Material: _____	Diameter: _____	In. Gauge: _____			
Annular Seal	Depth: _____	Ft.	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Sand Cement	<input type="checkbox"/> Concrete	
<input type="checkbox"/> Bentonite	Manufacturer and Product Name _____		<input type="checkbox"/> Mixed With Water	<input type="checkbox"/> Dry Application		
Seal Placement Method	<input type="checkbox"/> Pumped	<input type="checkbox"/> Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)				

WELL DESTRUCTION	<input type="checkbox"/> Open Bottom	<input type="checkbox"/> Gravel Packed	<input type="checkbox"/> Uncased	<input type="checkbox"/> Other _____										
Diameter	_____	In	Total Depth	_____	Ft	Depth To Water	_____	Ft	<input type="checkbox"/> Casing To be Perforated	_____	Ft	To	_____	Ft
Destruction Seal	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Sand Cement	<input type="checkbox"/> Concrete	Fill Material Below Seal _____										
<input type="checkbox"/> Betonite	Manufacturer and Product Name _____		<input type="checkbox"/> Mixed With Water	<input type="checkbox"/> Dry Application										
<input type="checkbox"/> Seal Interval	_____		Feet Below Grade To Top of Casing	<input type="checkbox"/> Seal Bottom of Well to Top of Casing										
<input type="checkbox"/> Casing Cut Off	_____		Feet Below Grade (6 feet maximum allowed)											
Seal Placement Method	<input type="checkbox"/> Pumped	<input type="checkbox"/> Free Fall (allowed only when the interval to be sealed is dry and less than 30 feet in depth)												
<input type="checkbox"/> Oil-lubricated pump.	Any oil in the well will be removed and properly disposed of prior to destruction.													

SETBACKS (in feet)	<input type="checkbox"/> All Setbacks Exceed 300 Feet	Other Wells _____	Leach Lines _____	Septic Tank _____
Cesspool _____	Seepage Pits _____	Sewer Lines _____	Designated Sewage Replacement Area _____	
Animal/Fowl Enclosure _____	Flood Control Basins _____	Waste Water Disposal Ponds _____	Lakes, Streams _____	

SPECIAL SUBDIVISION, TRACT RESTRICTIONS	Tract Name, Number _____
<input type="checkbox"/> Setbacks (specify type, e.g. well-to-well, etc. and required distance) _____	
<input type="checkbox"/> Designated Engineered Sewage Disposal Areas (enclose tract map showing designated areas on each parcel)	

FEE <input type="checkbox"/> \$462 (Domestic, Agricultural, Cathodic, Industrial) <input type="checkbox"/> \$462 (Well Destructions, Monitoring Wells, Soil Borings)
PAYMENT METHOD <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card*
*Authorization on file with City of Coalinga Community Development Department

I hereby certify that the information described herein is correct. I understand that all work is to be done in accordance with the California Well Standards Ordinance and the conditions of this permit application, including any conditions which are added by the Community Development Department upon review of this application and issuance of the permit. I certify that I have a current C-57 Contractor's License and, if I employ workers, a current certificate of Worker's Compensation Insurance. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the Ordinance.	OFFICE USE ONLY
	Permission is hereby granted to perform the work as set forth on this application.
	Approved: _____ Date: _____
	Final Inspection: _____ Date: _____
	Filed Complete: _____ Date: _____
Filed Incomplete: _____ Date: _____	
Supervisor: _____	
CONTRACTORS SIGNATURE: _____	DATE: _____

Business Office Use | Envision Clerical Use
Account # _____ PE _____
Entered By _____ Date _____



**CITY OF COALINGA
COMMUNITY DEVELOPMENT DEPARTMENT**

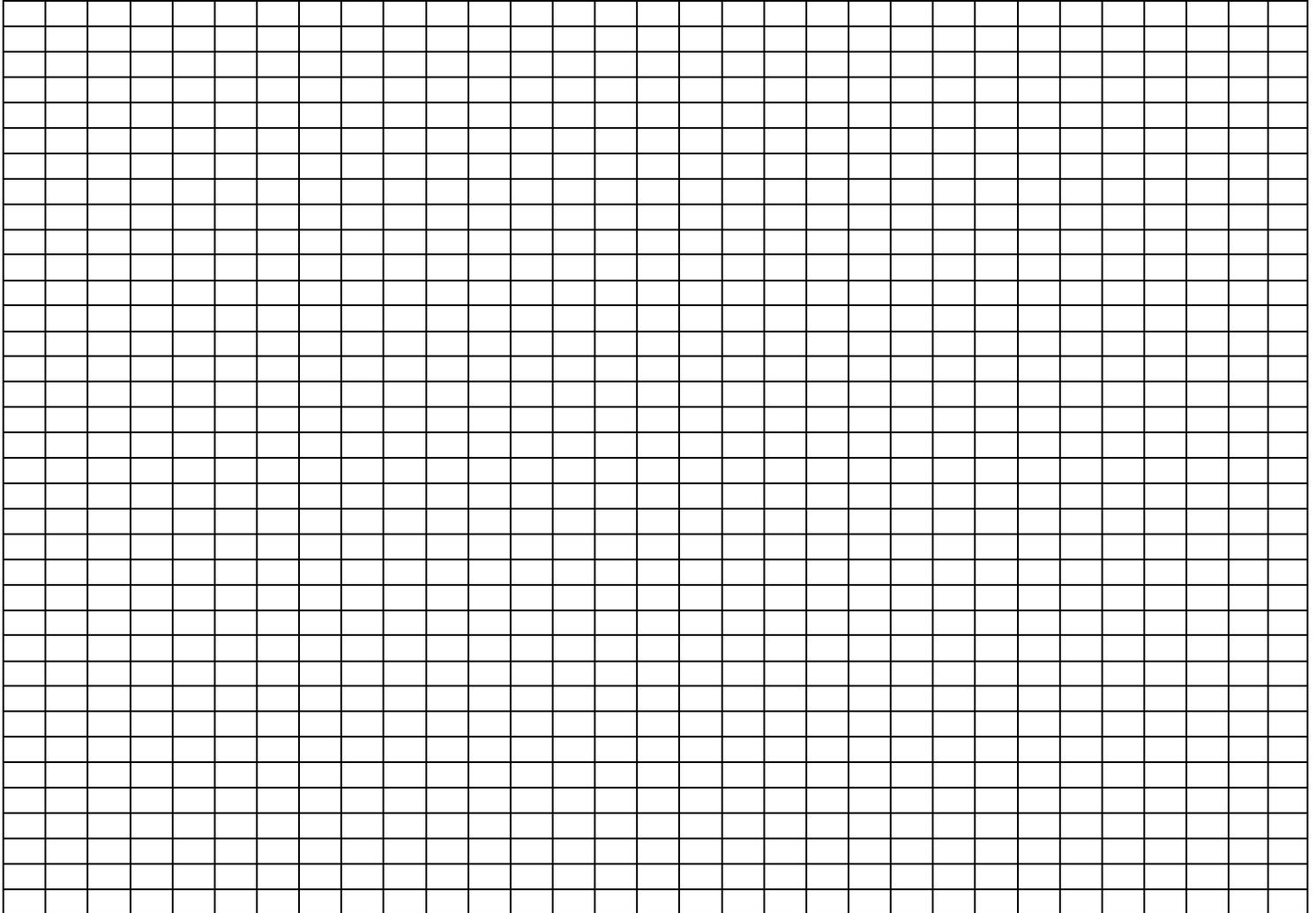
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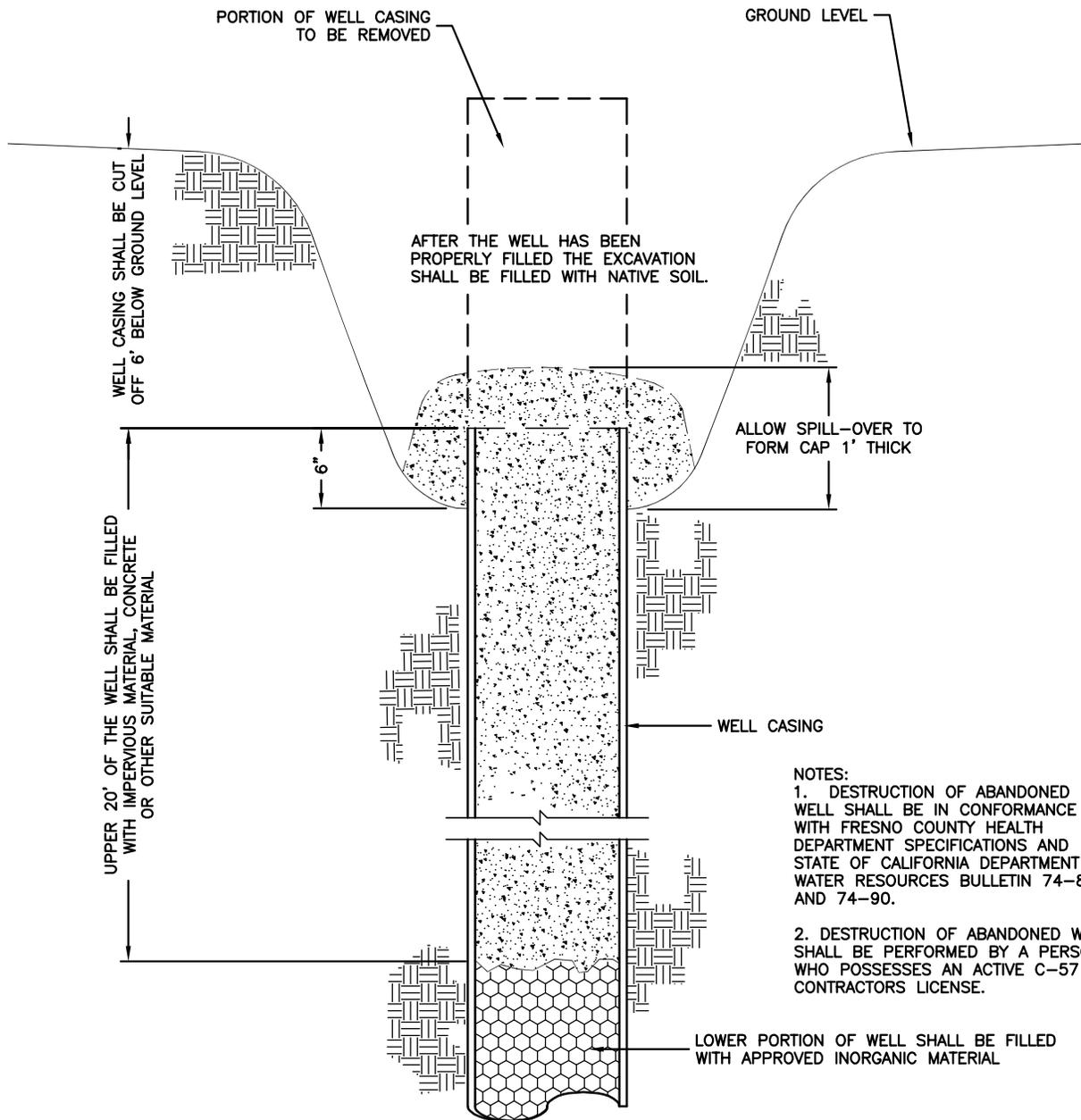
**PLOT PLAN TO ACCOMPANY PERMIT TO CONSTRUCT, DEEPEN, DESTROY,
RECONDITION, OR REPAIR A WELL**

Note: This permit is non-transferable and is valid for 180 days

Job Address/Location: _____ APN: _____ / _____ / _____ PERMIT # _____

Indicate distances in feet. Provide the names of streets or roads nearest to the property. Provide dimensions of the property and all existing or proposed structures. Provide locations of existing or proposed sewage disposal systems, including expansion or repair areas, within 250 feet of the new well. Provide locations of all other wells within 300 feet of the new well. Location information shall include all adjacent parcels, if within setbacks.





- NOTES:
1. DESTRUCTION OF ABANDONED WELL SHALL BE IN CONFORMANCE WITH FRESNO COUNTY HEALTH DEPARTMENT SPECIFICATIONS AND STATE OF CALIFORNIA DEPARTMENT OF WATER RESOURCES BULLETIN 74-81 AND 74-90.
 2. DESTRUCTION OF ABANDONED WELL SHALL BE PERFORMED BY A PERSON WHO POSSESSES AN ACTIVE C-57 CONTRACTORS LICENSE.

NOT TO SCALE



WATER
 Water Well Abandonment
 (Destruction of Urban Area Wells)
 PUBLIC WORKS DEPT. STD. DRAWING

Revision:	Date:
•	•
Engineer:	Date:
OSCAR M. RAMIREZ	02/12/08
Drawn by:	Date:
DEJ	02/12/08
Std. No. W-22	Rev.