



Permit No. \_\_\_\_\_

# CITY OF ATWATER

## WATER WELL APPLICATION/PERMIT

PER AMC SEC 13.16.010 THROUGH 13.16.040

Date \_\_\_\_\_

Owner Name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # \_\_\_\_\_

### WELL APPLICATION

Mailing Address \_\_\_\_\_

S . T S, R E

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

APN # \_\_\_\_\_

Street Address \_\_\_\_\_

Contractor \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone # \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot/Parcel # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PURPOSE OF WORK

Test Well Only \_\_\_\_\_  
Production Well \_\_\_\_\_  
(Check if Emergency) \_\_\_\_\_  
Domestic (Do) \_\_\_\_\_  
Irrigation (1R) \_\_\_\_\_  
Monitoring Well (M) \_\_\_\_\_  
(Indicate #) \_\_\_\_\_  
(Permanent or Short Term) \_\_\_\_\_  
Soil Boring (S) \_\_\_\_\_  
(Indicate #) \_\_\_\_\_  
Out of Service Well (OS) \_\_\_\_\_  
Well Destruction (WB) \_\_\_\_\_  
\_\_\_\_\_

### LICENSED CONTRACTOR DECLARATION

*I hereby affirm that I am licensed under the provisions of Chapter 9 (connecting with Section 7000) of Division 3 of the Business and profession Code, and my C-57 license is in full force and effect.*

Contractor's Signature \_\_\_\_\_ License No. \_\_\_\_\_

### SPECIFICATIONS

Construction Method:  
Rotary \_\_\_\_\_ Cable Tool \_\_\_\_\_ Other \_\_\_\_\_  
Est: Depth \_\_\_\_\_  
Conductor Casing \_\_\_\_\_  
Casing Material \_\_\_\_\_ Diameter \_\_\_\_\_

### PRODUCTION WELL PERMIT ONLY

Application is for:

~~Initial Well \_\_\_\_\_~~

~~Replacement of Failed Well \_\_\_\_\_~~

~~Additional Well \_\_\_\_\_~~

*I understand the destruction of failed wells on my property By a licensed C5-57 contractor is required as a condition of approval of this application. I understand that all other wells on this property that do not meet the definition of well failure in the Atwater Municipal Code must be either maintained in service or must be taken out of service under City of Atwater permit and inspection.*

### PERMIT

Deposit Cost to be determined Acct. No. **0001.0000.2034**  
Total cost for permit \$ **230.00** \_\_\_\_\_  
Additional charges/reimbursement \$ \_\_\_\_\_

Signature of Owner/Legal Custodian \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Conditions and/or Comments: \_\_\_\_\_

### OUT- OF- SERVICE WELL PERMIT ONLY

*I understand that a permit to maintain an out-of-service well Is Valid for one (1) year from date of permit issuance. I understand that all surfaces features of well must meet current Code requirements and that an inspection by the City Atwater is required prior to replacing the well in service.*

### FINAL INSPECTIONS

Signature of Owner/Legal Custodian \_\_\_\_\_

Signature of Inspection Official \_\_\_\_\_ Date \_\_\_\_\_