## PERMIT APPLICATION NAPA COUNTY DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

		AAIIZOIAIA	LIVIAL WA	ANAGEMEN	1			
Napa County Use Only FEE EXEMPT SITE: Y / N If NO, FEE \$		oring Wells Extraction Wells Other odic Protection Wells Exploratory Hole (boring) (Please check one)						
Receipt #		NCDEM SIT	TE NUMBER	NUMBER ASSESSOR'S PARCEL NUMBER				
The following MUST be included  1. Assessor's Parcel Number  2. Well location map (showing  3. Permission document(s) (included)	g both propo		4. En	ncroachment peri	mit(s) (if required) n public agency(ie			
Site Name:			Property (	Property Owner:				
Site Address:			City:	Zip:				
Owner's Mailing Address:			City:		Zip:			
				T =				
Drilling Contractor:				Type of License:				
Drining Contractor.		License #:						
Mailing Address:								
City: State:					Zip:			
Consultant:	_		Telephone #:					
Address: C			City:	Dity:		Zip:		
Responsible Person at Site:								
N. O			Type of Wor					
New Construction of wells Reconditioning of wells (recon Wells currently on Site?	oair)		Destruction of wells # of wells # of wells					
vono ouriently on olice			allation (Che	ck as many as	apply):			
Underground tank site:			Surface Impoundment:					
Tanks Still Present:	Landfill S	Landfill Site:						
Spill or Discharge Site:	Cathodic	Cathodic Protection:						
Baseline Study:	Other:							
		Othe	er Site Inform	nation:				
Closest Distance to:								
Septic System:		Sewer Line:		Water Wells:		Rivers, Creeks, or Lakes:		
Underground Utilities:	Undergrou Tanks:	nd Storage						
Riparian Cover Permit Require			No		<u>.</u>			
Issued by the County Public		. (Attach Co						
May apply to any site outside			• •	signated waterv	vay.			
Page 1 of 2		Permit A	Application					

White - Office Yellow - Owner Pink - Consultant/Contractor

Permit Application Page 2 of 2									
Well Location: Are all wells covere or utility rights-of-way? Yes 1			,						
1. Owner or R/W Owner:	Site Address: APN:								
Owner address:	City: State: Zip:								
Number of Wells:	Permission Document Attached:								
2. Owner or R/W Owner:	Site Address: APN:								
Owner address:	City:	State:	Zip:						
Number of Wells:	Permission Document Attached:								
3. Owner or R/W Owner:		Site Address: APN:							
Owner address:		City:	State:	Zip:					
Number of Wells:		Permission Document Attached:							
NOTE: For each parcel listed above which is under different ownership, a letter authorizing access and work on the property must be submitted. The letter must include address, Assessor's parcel number and the notarized signature of the owner or agent for the owner. If any wells are proposed on public or utility rights-of-way, a written clearance and/or encroachment permit must accompany this application.									
Well Construction									
Bore Hole Diameter:	Maximum Dep	th:	Annular Space:						
Casing: Diameter:	Gauge:	Material:							
Grout: Depth of Seal:		Type of Grout:							
Conductor Casing: Yes No									
Check if wells are intended to be constructed into aquifers below the first encountered one. Indicate how cross contamination will be prevented on a separate sheet.  Well reconstruction and destruction applications must include a written description of work proposed And existing well information.									
		Disposal Methods							
Soil Cuttings		Development	/Rinsate Water						
In applying for this permit, I understar  1) Compliance with the State of Cal  2) Compliance with the State and F  3) Location of all underground and a  4) Compliance with the Napa Count  5) Notification of the Department of  6) Filing a completed well log for ea Management and State Departm  Signature of Authorized Agent of Drillin Or Site Consultant	ifornia Worker's ederal Worker Haboveground utily and State of CEnvironmental Nath well within for ent of Water Re	Compensation Laws; lealth and Safety Laws ities which might be im california well requirement at least two (4) months of complete.	; pacted by the propo ents; vo (2) workdays befo	sed work; re work is initiated, and					
FOR OFFICIAL USE ONLY:  Required certificate of current worke  Consultant: Exp. Date:  Contractor: Exp. Date:	·	nsurance is on file with DEM	<i>1</i> ;						
Permit Issued by:	Downit in valid 6	Date:	oto of locuses						
	Permit is valid for	or two (2) vears from da	ate of issuance.						