

# Well Permit Application

WLS-031

x-Street: St Helena Rd

Site Address: 9795 W Summit Trail  
 City/Town: Santa Rosa Ca State: 95404 Zip: 95404

Permit Number: Well 14-0610  
 Assessor's Parcel Number: 028-260-042

Own   
 Mail   
 City   
 Phone   
 Con

Well Driller Name: **WEEKS DRILLING & PUMP COMPANY**  
 Mailing Address: P.O. Box 176  
Sebastopol, CA 95473-0176  
 City/Town: 15 State: CA Zip: 95472  
 License Number: 057 177681  
 Phone: 823-3184 Fax: 823-4258

The validity of this permit depends upon the accuracy of the information provided by the applicant. A site plan must accompany this application. In addition to the information required on the Minimum Standard Site Plan (Form CSS-019), the site plan shall also include the proposed well location, existing well(s) location(s), GPS coordinates of proposed well, sewer mains and laterals, and other potential sources of contamination. If an inadequate site plan is provided and a second field visit is required, a charge at the current hourly rate will be assessed. The precise site location of the proposed well must be staked with the driller's name.

**INDICATE TYPE AND NUMBER OF PROPOSED WELLS(BORINGS):**

Indicate use:  Residential  Community  Irrigation  Industrial

Reason for new well: \_\_\_\_\_  
 Destruct  Class I Well  Class II Well  Reconstruction Reason for Class II: \_\_\_\_\_  
 Geotechnical Borings  Geoechange  Monitoring  Cathodic  Dewatering  
 Performance Well  Piezometer  Inclinator  Other: \_\_\_\_\_

Total number of wells on property: 1 Number in use: \_\_\_\_\_ Number inactive: \_\_\_\_\_ Number abandoned: \_\_\_\_\_  
 Well located within an existing public water system boundary: Yes  No  Name of System: \_\_\_\_\_

**CONSTRUCTION PROPOSED:**

Casing: Diameter: 5" Gauge: SDR21 Material: PVC Gravel Pack:  Sand Pack:  Conductor: Yes  No   
 Annular Space: Size: 2" Depth of Seal: 50' Seal Material: Bent / Cement  
 Method of Disinfection: HTH Method of Sealing: Well Cap Type of Joint: Glue / Spline  
 DESTRUCTION PROPOSED: Well Diameter: \_\_\_\_\_ Well Depth: \_\_\_\_\_ Well Casing: \_\_\_\_\_

Method of Destruction: \_\_\_\_\_

<p><b>WORKER'S COMPENSATION DECLARATION</b></p> <p>I hereby affirm under penalty of perjury one of the following declarations:</p> <p><input type="checkbox"/> I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.</p> <p><input checked="" type="checkbox"/> I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:</p> <p>Carrier: <u>State Comp</u></p> <p>Policy No.: <u>911374114</u></p> <p><small>(This section need not be completed if the permit is for one hundred dollars (\$100) or less).</small></p>	<p>I hereby agree to comply with all laws and regulations of the County of Sonoma and State of California pertaining to water well construction. I will telephone (707) 565-1694 to notify the Environmental Health Specialist 24 hours prior to commencing this work. I will furnish the Permit and Resource Management Department and the owner a copy of the State Well Completion Report within thirty (30) days in order to obtain final approval on this well as required by SONOMA COUNTY CODE, CHAPTER 25B. I acknowledge that the application will become a permit only after site approval and payment of fee. I understand that this permit is not transferable and expires one year from the date of issuance.</p> <p style="text-align: right;">Signature of Well Driller: _____ Date: <u>12/1/14</u></p>
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**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.**

----- DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff -----

Site approved by: <u>[Signature]</u>	Date: <u>2/3/15</u>	Seal Inspection Date: _____	EHS
Finalized by: <u>FINAL BASED ON WELL REPORT</u>		Date: <u>7/16/15</u>	GW Zone: 1 <u>2(3)4</u>
Comments: _____			

# Request for Well and Septic Service

WLS-006

**PURPOSE:** This form is used to request a paid service from the Well & Septic Division of the Permit and Resource Management Department (PRMD) related to an existing or proposed septic system. A permit application may be required following the requested service.

Date of Request 8/21/15  
Site Address 9795 WEST SUMMIT TRAIL  
City/Town SANTA ROSA Zip CA  
Applicant Name WEEKS DRINKING & PUMP CO.  
Mailing Address PO Box 176 State/Zip BERTSFOOT CA 95473  
Day Phone 707-873-3184

SEV Number Well 15-0410  
Cross Street SUMMIT TRAIL  
028-260-042  
A \_\_\_\_\_  
P \_\_\_\_\_  
N \_\_\_\_\_  
Day Phone \_\_\_\_\_

Service Requested: BERTSFOOT WELL TEST FOR 1-2 CONNECTIONS


Code Enforcement Violation Yes  No  Violation # \_\_\_\_\_  
**DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff**

Status \_\_\_\_\_ Staff Comments/Notations

Approved ~~1~~ CONNECTIONS

BHA TEST 2.34pm GW ZONE 4

2nd Drilling UNIT TO CONDUCT Hydrologic Study

  
Staff Signature

10/1/15  
Date Completed

Mailed 10/16/15

Print Form



# COUNTY OF SONOMA PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403-2829  
(707) 565-1900 FAX (707) 565-1103

## CERTIFICATION OF WATER YIELD IN WATER SCARCE AREAS

The Permit and Resource Management Department shall be notified 24 hours in advance of this test

Water Yield # \_\_\_\_\_

Well Permit # WEL14-0610

I. Individual performing test: Dave Lowman

II. Type of license/registration, number and expiration date: C57-177681 / 9-30-2015

III. Location of well:  
Address: 9795 Summit Trail West, Santa Rosa A.P. #: 028/260/042

IV. Type and model of test pump: 30Q300 Hayes

V. Test pump setting depth: 280'

VI. Maximum reported yield for this pump type at this setting: 28 GPM

VII. Type of discharge measurement method: Meter & Bucket

VIII. Type and model of flow meter (or provide an accurate description of weir or orifice plate):

1" Recordall model #55 meter & measured 5 gallon bucket

Geographic coordinates (Plane Coordinate Method or distance from fixed landmarks): Latitude 38° 31' 50.7N

IX. Estimated elevation of well head: 1,990' GPS Longitude 122° 34' 22.4W

X. Initial static water level (include measuring points such as top of casing, surface seal, access port): 178.20' from the top of the well plate/ plate is 13" above ground level

XI. Date & time of initial static water level measurement: Aug 27, 2015 5:00 a.m./p.m.

- A. Discharge Rate: 2.6 GPM
- B. Dynamic Water Level: 191'
- C. Specific Capacity: ~~0.265~~ 0.18 Gpm/ft
- D. Pump Test duration: 8 hours 30 minutes

XII. Immediately after the test take the following measurements:

- A. Dynamic water level: 191'
- B. Final discharge rate: 2.3 GPM

XIII. Post - Test Measurement:

- A. Dynamic water level: 191'
- B. Static water level: 178.88'
- C. Percentage of recovery of final static level: 94.89%

Testing performed by (signature): Dave Lowman

Date: 8/27/15 Company: Weeks Drilling & Pump Co. Inc. Phone Number: (707)542-3272

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Specialist [Signature]

Date 10/1/15

RECEIVED  
SEP 10 2015  
PRMD - WELL & SEPTIC

**Well Pump Test Data Recordation**

**Address: 9795 Summit Trail West, Santa Rosa**

Date	Time	Interval	SWL	GPM	Comments		
8/27/15	5:11	1 Min	182.24'	28			
	5:12	1 Min	183.60'	28			
	5:13	1 Min	184.33'	28			
	5:14	1 Min	185.11'	28			
	5:15	1 Min	185.66'	28			
	5:20	5 Mins	187.10'	28			
	5:25	5 Mins	189.05'	28			
	5:30	5 Mins	191.07'	28			
	5:35	5 Mins	192.34'	14.4			
START	5:40	5 Mins	191'	11.1			
	5:45	5 Mins	191'	8.9			
	5:50	5 Mins	191'	8.0			
	5:55	5 Mins	191'	7.4			
	6:00	5 Mins	191'	6.6			
	6:05	5 Mins	191'	6.1			
	6:10	5 Mins	191'	5.5			
	6:15	5 Mins	191'	5.1			
	6:35	20 Mins	191'	4.6			
	6:55	20 Mins	191'	4.0			
	7:15	20 Mins	191'	4.0			
1 hr at 7:40	7:45	30 Mins	191'	3.5			
	8:15	30 Mins	191'	3.3			
2 hrs at 8:40	8:45	30 Mins	191'	3.0			
	9:15	30 Mins	191'	2.8			
3 hrs at 9:40	9:45	30 Mins	191'	2.7			
	10:15	30 Mins	191'	2.7			
4 hrs at 10:40	10:45	30 Mins	191'	2.6			
	11:15	30 Mins	191'	2.6			
5 hrs at 11:40	11:45	30 Mins	191'	2.5			
	12:15	30 Mins	191'	2.4			
6 hrs at 12:40	12:45	30 Mins	191'	2.4			
	1:15	30 Mins	191'	2.4			
7 hrs at 1:40	1:45	30 Mins	191'	2.3			
	2:15	30 Mins	191'	2.3			
8 hrs at 2:40	2:45	30 Mins	191'	2.3			
END TEST		30 Mins					
start recovery	2:40 pm	30 Mins					
		30 Mins					
		30 Mins					
		30 Mins					
		72 Hrs. or					

## Calculation of Well Recovery

(Worksheet example taken from PRMD No. 9-2-28)

1. Determine the water level draw down by subtracting the initial static water level measurement from the stabilized pumping level. Record this result as the well draw down.
2. Next determine the water level recovery by subtracting the post test (within 72 hours) static water level from the stabilized dynamic pumping level. Record this result as the well recovery.
3. Next determine the percent recovery of the well. Divide the water level recovery by the water level draw down and multiply by 100. Record this result as the percent well recovery.

Example:

a.	Initial static water level:	<u>178.20'</u>	(measured value)
b.	*Post test static water level:	<u>178.88'</u>	(measured value)
b.1.	Time (hours) of measurement:	<u>72 hours</u>	(within 72 hours)
c.	**Stabilized pumping level:	<u>191.0'</u>	(measured value)
d.	Draw down:	<u>12.8'</u>	(calculate by subtracting A from C)
e.	Recovery:	<u>12.12'</u>	(calculate by subtracting B from C)
f.	Percent recovery:	<u>94.68%</u>	(calculate by dividing E by D and multiplying result by 100)

Well percent recovery (F) must be 90% or greater within a 72 hour period.

\* The static water level after 72 hours or less post pump test.

\*\* Kleinfelder refers to this as the dynamic pumping level.