

WATER WELL PERMIT APPLICATION

Type of Permit (Please check the appropriate box below)

<input type="checkbox"/> Construction	\$740 (3 hrs.) *	[4669]	New or Replacement well.
<input type="checkbox"/> Modification	\$740 (3 hrs.) *	[4669]	Includes the deepening of a well, reperforation, sealing or replacement of well casing.
<input type="checkbox"/> Destruction	\$495 (2 hrs.) *	[4668]	Abandonment: The complete filling of a well.

FOR OFFICE USE ONLY
Rec'd Date: _____
Rec'd By: _____
WP # _____
District # _____

* An hourly fee of \$136 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid.

Required Attachments: Plot plan indicating the location of the well with respect to the following items:

- Property lines.
- Drainage pattern of the property.
- Access roads and easements (water, sewer, utility, roadway).
- Existing and/or proposed structures.
- Existing wells within a 100 foot radius of the proposed well.
- Animal or fowl enclosure, pens, paddocks, stockyards within a 100 foot radius of proposed well site
- Sewage disposal systems or works carrying or containing sewage or industrial wastes within a 200 foot radius of the proposed well.
- All perennial, seasonal, natural, or artificial water bodies or watercourses, including location of 100 year floodplain, if applicable.
- Also Required: the Supplemental Form on page 3, completed in full.

OWNER Info:

Well Owner Name (Required): _____ Primary Phone (____) _____

Owner Mailing Address: _____
 Street Number and Name City State/ Zip Code

Complete this section if the person coordinating the project is other than the Well Owner (e.g., driller, contractor).			
Project Coordinator/Certified Professional Name: _____			
Mailing Address: _____			
Street Number and Name		City	State / Zip Code
Primary Phone: (____) _____		Email: _____	

WELL Location Info:

Well Location Address: _____
 Street Number and Name City State / Zip Code

Cross Street (or other information defining the Well location) if applicable: _____

Assessor's Parcel Number (APN): _____ - _____ - _____

Longitude: _____ Latitude: _____ Elevation: _____

A. Is parcel located within the service area of a public water system? No Yes (Identify): _____

A-1. If you answered **Yes** to question A.: Are you connected to the Public Water System (i.e., do you have a meter?) No Yes

A-2. If you answered **No** to the question A-1.: Is public water service available? No Yes

Proposed Depth _____ ft.	Casing Information
Well Bore Diam. _____ in.	
Sealing Material (Check)	
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Clay <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete	
Type: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____	
Wall / Gauge _____ in. Diameter _____ in. Annular Seal Depth _____ ft.	
Additional Work Description: _____	
Note: A minimum 50 ft. annular seal is required for all wells.	

LEGAL DECLARATION

LICENSED CONTRACTOR DECLARATION

I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Sec. 7000), Division 3 of the Business and Professions Code (B&PC) as a well drilling contractor (C-57 license) and such license is in full force and effect.

Ken Patrick
Print Name of Driller

Ken Pat
Signature of Driller

Feb 14 2017
Date

Lic. No.: C57 504769

Primary Telephone 805 491 2926

Other Phone: 805 421 0593

Business Name: DCA Drilling

Address 11438 Sumac Lane Camarillo Ca. 93012

(Complete A or B)

A. WORKERS' COMPENSATION DECLARATION

I hereby affirm that (check the applicable box):

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain workers' compensation insurance, as provided for by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My insurance carrier and policy number are:

Carrier State Fund

Policy No. 586-3000 443

Applicant Signature Ken Pat

Date Feb 14 2017

B. CERTIFICATION OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

I certify that in the performance of work for which this permit is issued, I shall not employ any person in a manner so as to become subject to the Workers' Compensation Laws of California.

Applicant Signature _____

Date _____

Notice to Applicant: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

When signed by the Environmental Health Specialist, this application shall be deemed a permit only for the work described and is not a "permit for development" as that term is used in the California Subdivision Map Act. Please note additional permits (e.g., electrical installation, waste discharge requirements, land use clearance, grading) may also be required from other agencies. THIS PERMIT SHALL EXPIRE upon completion of the task authorized or one year from date of issuance, whichever occurs first. No changes from the approved plan are permitted without prior written approval by Environmental Health Services. Final clearance will not be issued until all fees are paid and a copy of the drillers log is submitted to Environmental Health Services.

I hereby agree to comply with all regulations of the County of Santa Barbara pertaining to well construction, repair, modification, destruction and inactivation. The property owner, well driller, or agent will furnish Environmental Health Services a copy of a completed well log upon completion of well construction.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I hereby authorize representatives of Environmental Health Services to enter the premises for the purpose of inspecting the site and work described herein for compliance with county requirements.

REQUIRED INSPECTIONS / FINAL CLEARANCE: After permit approval, and prior to covering any components, an inspection must be scheduled directly with the approving Environmental Health Specialist at least two (2) business days in advance for:

- ✓ The sealing of the annular space on a well;
- ✓ The destruction of wells;
- ✓ Any operation stipulated on the permit to address special or unusual conditions.
- ✓ Receipt of driller's well log.

Signed Ken Patrick
Applicant (Print Name)

Ken Pat
Applicant's Signature

Feb 14 2017
Date

APPLICATION DISPOSITION: Approved Denied

Signed _____
Environmental Health Specialist

_____ Date

FOR DEPARTMENT USE ONLY

Fixed Fee Rec'd: by: _____ Date: _____ Amt: \$ _____ Credit Card Trans No: _____ (last 4 digits)

Check No. _____ Receipt No. _____

Permit Conditions: _____

Final Construction Approved by: _____ Date: _____

Final Clearance by: _____ Date: _____

- Copy Required at Assessor's Office
- Copy Required at Water District Office

Water Well Application Supplemental Information

General:

If application is for Modification to an existing well, state the nature of modification:

- Deepening Sealing of well casing
 Reperforation Replacement of well casing

Intended Well Use: *(check all that apply)*

Check the well type from the list below.

- Irrigation Irrigation and Domestic* Domestic* Only

* Indicate type of Domestic use: Single Parcel Multi-Parcel State Small Public

What is the anticipated approximate water production (acre feet per year) for the proposed well?: <2; 2-10; >10

Intended Water Use:

Do you intend to export any water off of the property? No Yes

What other water sources are available on the property? Public Private None

Site Information:

Are there other wells on the property? No Yes If yes, how many? _____

What is the parcel size of the proposed well location? 2,000 acres square feet

What is the Property Zoning Designation?

- AG-I AG II Residential Commercial Industrial Recreational

Is the proposed well location within the Coastal Zone? No Yes

Within what Ground Water Basin is the proposed well located? *(check the box above the appropriate column)*

<input checked="" type="checkbox"/> South Coast Groundwater Basins	<input type="checkbox"/> Santa Ynez River Watershed	<input type="checkbox"/> North Coastal Groundwater Basins	<input type="checkbox"/> Cuyama Groundwater Basin
<i>Carpinteria Montecito Santa Barbara Foothill Goleta</i>	<i>Santa Ynez Uplands Santa Ynez Alluvial Buellton Uplands Lompoc Groundwater Basins</i>	<i>San Antonio Santa Maria</i>	

Terms for Permit:

Initial each statement below to indicate that you understand and agree; then sign bottom of this page.

- I have read and understand all of the information on Page 2 of this application including, but not limited to, permit limitations.
 I understand that this permit is only for the well construction, modification or destruction identified on this application.
 I have read and understand that other permits may be required, including (but not limited to): land use; electrical; grading; waste discharge; etc.

Signed

Bill Hurst

Applicant/Owner (Print Name)


Applicant/Owner Signature

14-Feb-17

Date

Procedures for Completing a Water Well Permit Application

The attached permit application is for the construction, modification, inactivation and destruction of **water wells** as defined and regulated by the County Well Standards Ordinance. A copy of this ordinance is available from the EHS office upon request.

STEP 1 – APPLICATION

Submit a completed application for a Water Well Permit. Please fill in all the blanks. An incomplete application may result in denial or delay in processing. The application must be signed, dated, and accompanied by the proper fee at the time of submittal.

STEP 2 – PLOT PLAN

A plot plan form is provided as part of your Water Well Permit application. The top of the plot plan lists those items that must be shown on the plan. All setback distances from the proposed well site(s) need to be accurately depicted with proper measurements.

STEP 3 – SITE EVALUATION

Following the submittal of an application and fee, an Environmental Health Services representative will review the application to ensure its completeness and conduct a site inspection of the proposed water well site. Often times, due to the remote or unknown location of the intended well site, a joint inspection with the property owner or owner's agent will be necessary. If a joint inspection is not possible, the proposed well site must be conspicuously marked (i.e. with flagged stake or pole). In the event that the first proposed well site is not acceptable or utilized, the applicant may wish to designate some alternative well sites on the application plot plan. Early selection of some alternative sites allows for these sites to also be evaluated during the initial site inspection, thereby eliminating unnecessary repeat trips to the site and inefficiencies in processing the application.

STEP 4 – PERMIT ISSUANCE

Once the application and proposed well site is determined to be satisfactory, the application may be approved. When approved and signed on the reverse side by the Environmental Health Services representative, this application shall be considered a permit to perform the proposed work. Note: Wells proposed that will be located in the Coastal Zone require a Coastal Zone permit prior to approval for construction.

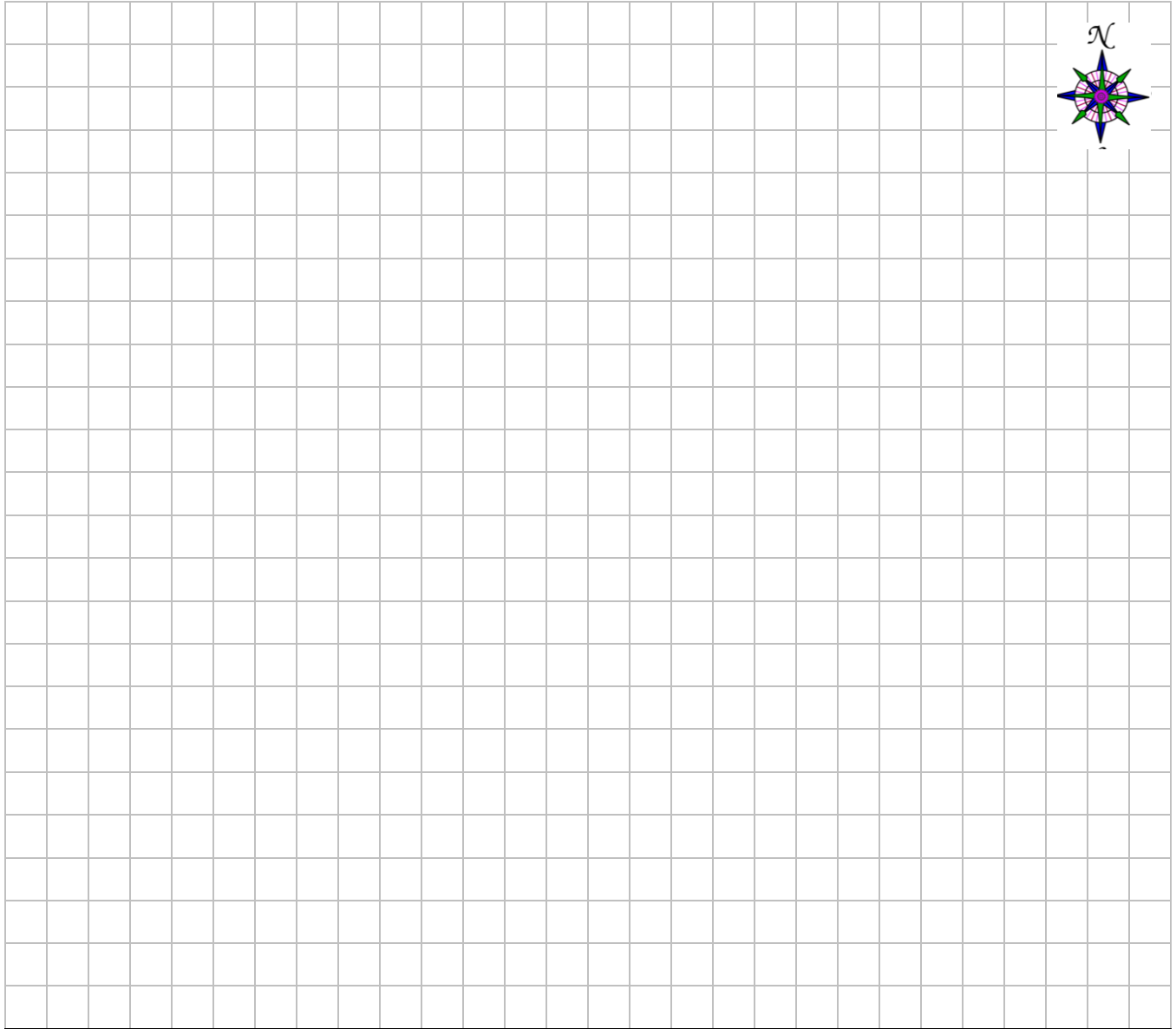
Well Permit Application Plot Plan

(Scale 1/4" Block = 20 ft.)

Permit #: _____

APN: _____

Indicate below the exact location of the proposed well with respect to the following items within 200 ft. of the proposed well: property lines, access roads and easements; existing/proposed structures (surface and subsurface); existing wells; existing/proposed industrial, hazardous, solid waste systems, works or tanks; petroleum product system works or tanks; animal enclosures and/or animal waste storage areas; agricultural operations; watercourses, 100-yr. flood plain and drainage patterns of the property; and well site elevations. Show the actual distance between the proposed well and these items.



A large grid for drawing the plot plan, with a compass rose in the top right corner. The grid is 20 blocks wide and 20 blocks high. The compass rose is a colorful star with a purple center and points in blue, green, and red, with a stylized 'N' above it.

Dept. Use Only: Site Reviewed By: _____ **Date:** _____

Sewer (Sanitary, Storm or Bldg.) – 50 ft.

Septic Tanks and / or Leachlines – 100 ft.
(include 100% expansion area)

Seepage Pit / Drywell – 150 ft.
(include 100% expansion area)

Water Bodies / Courses – 50 ft.

Underground Petroleum Product Storage Tanks – 100 ft

Other: _____

Send to: marilynm@sbcphd.org



Environmental Health Services

225 Camino Del Remedio, Santa Barbara, CA. 93110 ♦(805) 681-4900
2125 S. Centerpointe Pkwy., #333 ♦ Santa Maria, CA 93455-1340 ♦ (805) 346-8460

WATER WELL PERMIT APPLICATION

TYPE OF PERMIT (Please check the appropriate box below)

Table with 3 rows: Construction or Modification (\$740), Well Inactivation (\$615), Well Destruction (\$495). Includes descriptions and codes.

FOR OFFICE USE ONLY
Rec'd Date:
Rec'd By:
SR #
District #

* An hourly rate fee of \$136 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid.

Required Attachments: Plot plan indicating the location of the well with respect to the following items:

- 1. Property lines
2. Drainage pattern of the property
3. Access roads and easements (water, sewer, utility, roadway)
4. Existing and/or proposed structures.
5. Existing wells within a one hundred foot radius of the proposed well
6. Animal or fowl enclosure, pens, paddocks, stockyards within a one hundred foot radius of proposed well site
7. Sewage disposal systems or works carrying or containing sewage or industrial wastes within a two hundred foot radius of the proposed well
8. All perennial, seasonal, natural, or artificial water bodies or watercourses, including location of one hundred year floodplain, if applicable

APPLICANT: Property Owner Licensed Well Drilling Contractor Owner's Agent (Authorized in writing)

Property Owner: Ronaldo Community Water Telephone No. (805) 886-1850
Mailing Address: 5587 West Camino Cielo SB 93105

(If applicant is other than Property Owner):

Applicant's Name: Bill Hurst - same as above Phone: Cell: Email: Fax:

Applicant's Address: Street Direction Street Name City State/Zip Code

Site Location: Street Direction Street Name City State/Zip Code

Assessor's Parcel Number: 153-100013 Start: Feb / 01 / 17 Finish: April / 01 / 17

Well Use: Domestic Water Agriculture Water Cathodic Test Other

Drilling Method: Rotary Cable Other Down Hole Hammer Air Rotary

Other Water Sources: Public Private None

Casing Information section including Proposed Depth (700 ft), Well Bore Diam (10 in), Sealing Material (Cement Grout), and Casing Type (SDR 17 Certalok).

LEGAL DECLARATION

LICENSED CONTRACTOR DECLARATION

I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code (B. & P.C.) as a well drilling contractor (C-57 license) and such license is in full force and effect.

DCA DRILLING Ken Patrick
Print Name of Driller

Ken Pat
Signature of Driller

January 6 2017
Date

Lic. No.: 504769

Office Telephone: 805 491 2926

Cell Phone: 805 427 0593

Business Name:

Address

(Complete 'A' or 'B')

A. WORKERS' COMPENSATION DECLARATION

I hereby affirm one of the following:

[X] I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

[X] I have and will maintain workers' compensation insurance, as provided for by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My insurance carrier and policy number are:

Carrier: State Fund

Policy No.: 586-3000 443

Applicant Signature: Ken Pat

Date: January 6 2017

B. CERTIFICATION OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

I certify that in the performance of work for which this permit is issued, I shall not employ any person in a manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature

Date

Notice to Applicant: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

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- 1. The sealing of the annular space on a well;
2. The destruction of wells;
3. Any operation stipulated on the permit to address special or unusual conditions.
4. Final clearance of the well will be issued upon receipt of the driller's well log.

Signed

Applicant (Print Name)

Applicant's Signature

Date

Bill Hurst

09-Jan-17

APPLICATION DISPOSITION: [] Approved [] Denied

Signed

Environmental Health Specialist

Date

FOR DEPARTMENT USE ONLY

Fixed Fee Rec'd by: Date/Amt. \$ Credit Card: [] Check/Receipt/Trans. No.:

#: Hourly Billing: Applicant notified of amount due by Plan Checker (Initials): Date:

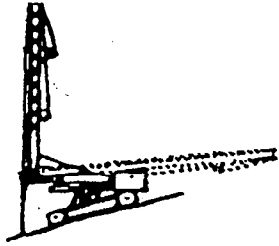
Rec'd by: Date/Amt. \$ Credit Card: [] Check/Receipt/Trans. No. #

Date plans resubmitted (1) (2) (2)

Permit Conditions:

Final Construction Approved by: Date:

Final Clearance by: Date:

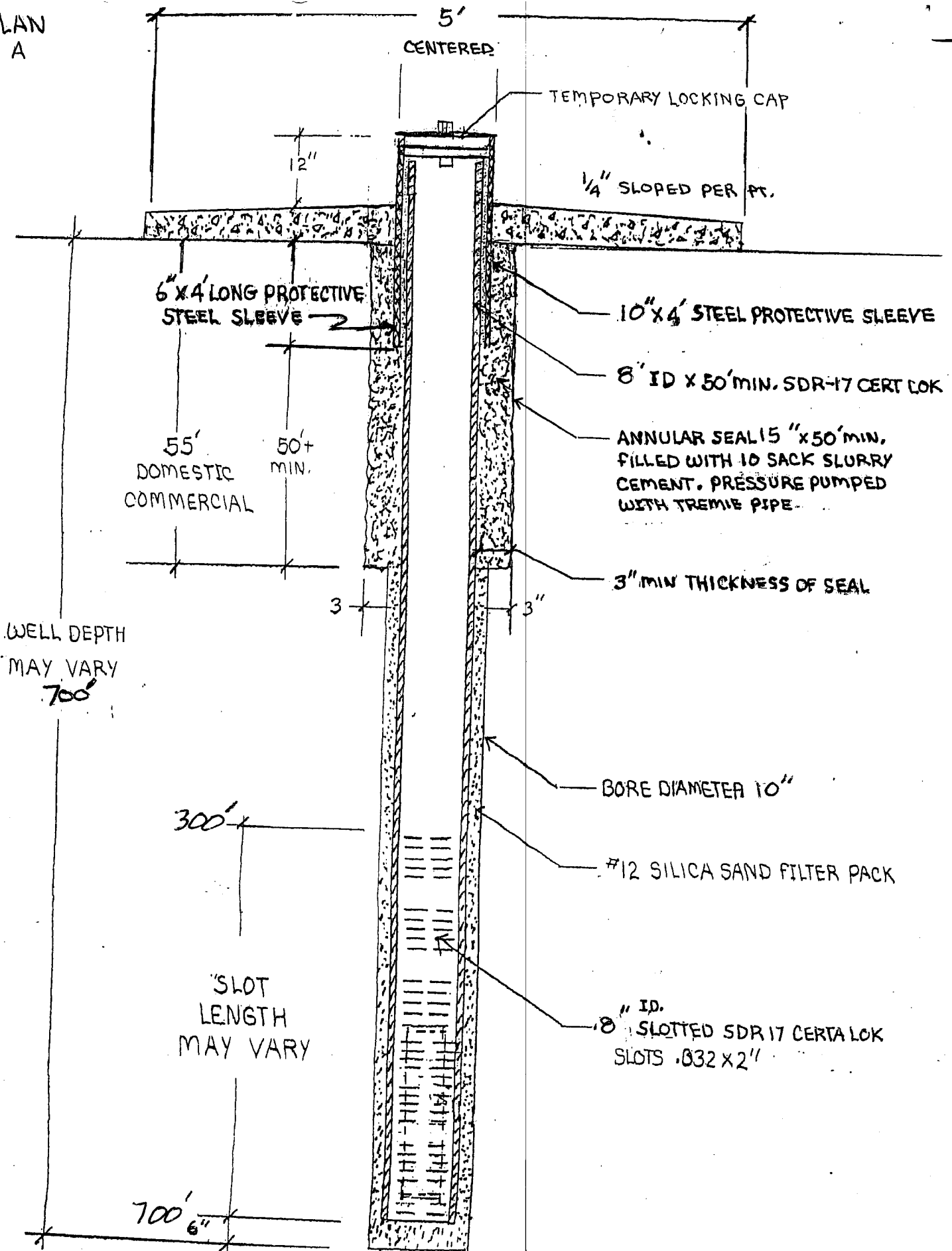


**PROPOSED
WORK PLAN DETAIL FOR
WATER WELL DRILLING**

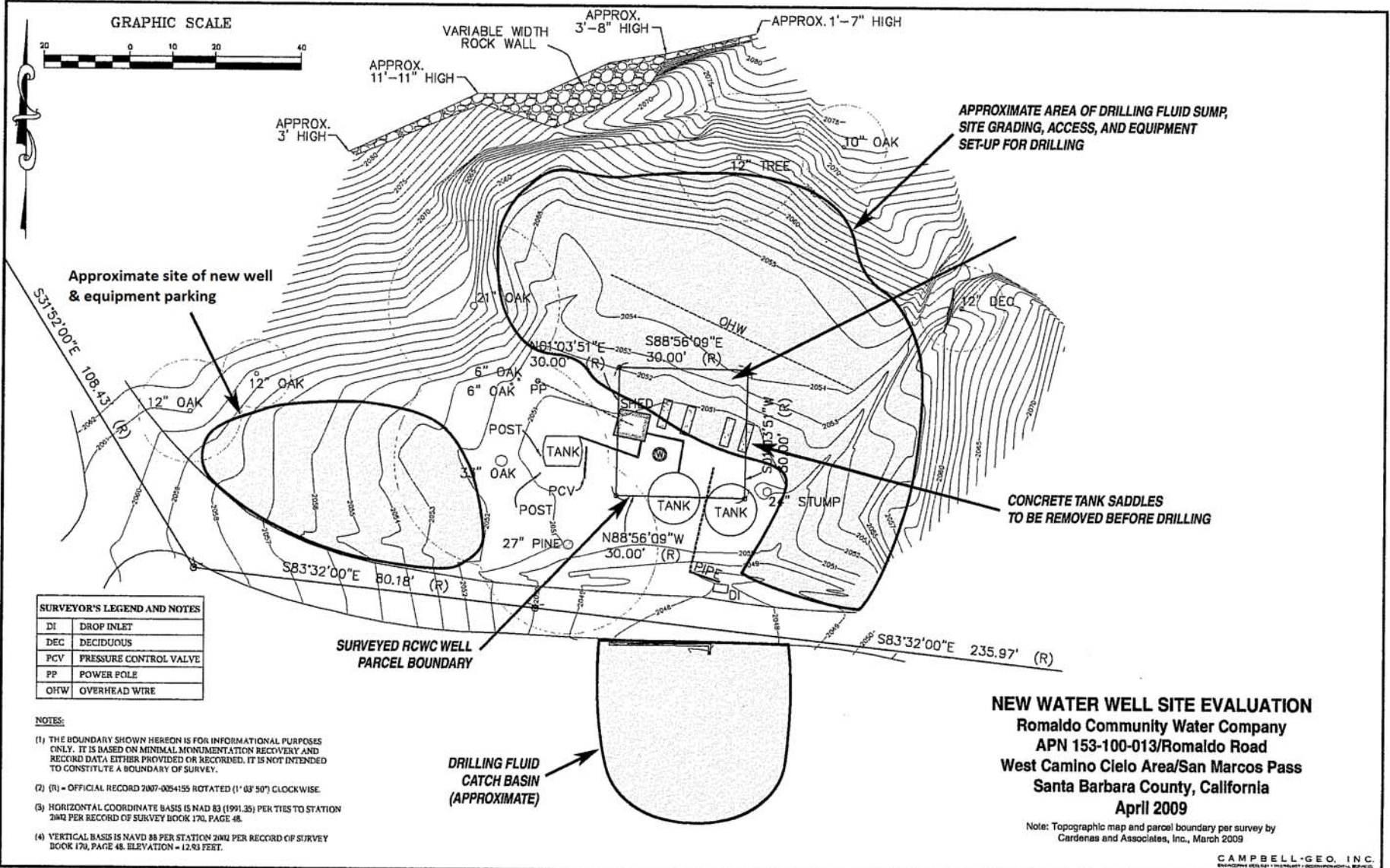
- Mobilization of drilling equipment
- Drilling annular 15 " diameter hole, 50'+ deep
- Install temporary, outside, steel conductor casing, if needed
- Bore 10 " diameter to 700' deep
- Perform air lift test to estimate GPM
- Install 8 " PVC or Certa-Lok liner to depth – slots from 300' to 700'
- Install #12 Silica sand filter pack to bottom of annular
- Sanitary Seal , Install 10-sack slurry cement around conductor of top 50' of annular area 3" thick x 50'+ minimum
- Install 10 " ID steel protective sleeve x 4' long into wet mix
- Pour monolithically square concrete slab with 50' sanitary well seal, Size of slab is 5' x 5' x 6", 1/4" sloped away, centered on well pipe
- Sanitize well
- Measure static level of water
- Install temporary locking cap at well head
- Clean up well site area
- Demobilization

This is a proposed work plan detail, but actual well construction may vary due to ground condition.

PLAN
A



AIR ROTARY DATE 10-27-2014 NO SCALE	SANTA BARBARA COUNTY WELL CONSTRUCTION	DCA DRILLING 11438 SUMAC LN. SANTA ROSA VALLEY CA
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NEW WATER WELL SITE EVALUATION
 Romaldo Community Water Company
 APN 153-100-013/Romaldo Road
 West Camino Cielo Area/San Marcos Pass
 Santa Barbara County, California
 April 2009

Note: Topographic map and parcel boundary per survey by Cardenas and Associates, Inc., March 2009

CAMPBELL-GEO., INC.
 2500 W. STATE ST. SUITE 100
 SANTA BARBARA, CALIFORNIA 93101

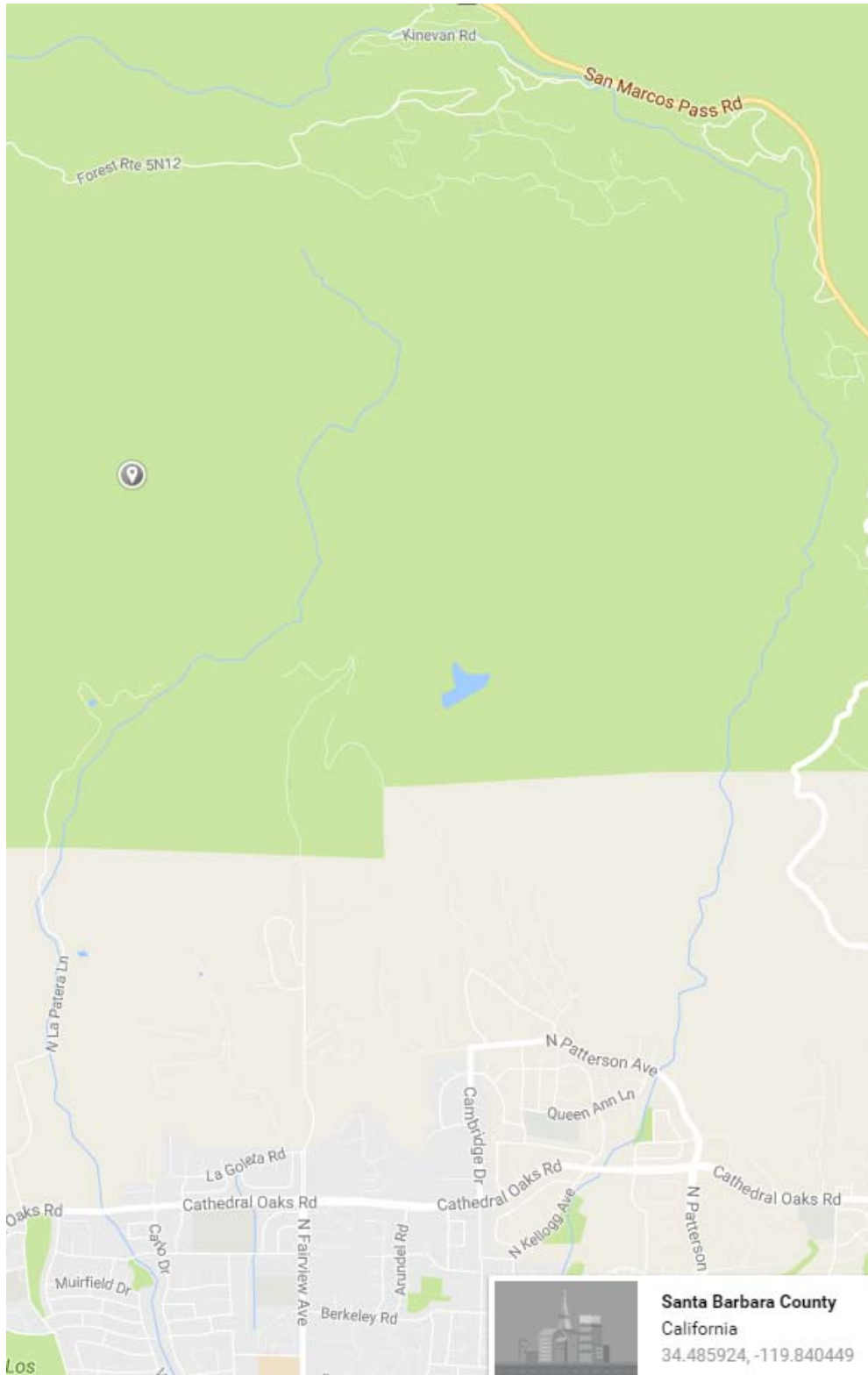
By DAS Date 4-17-09

Romaldo Community Water System Map

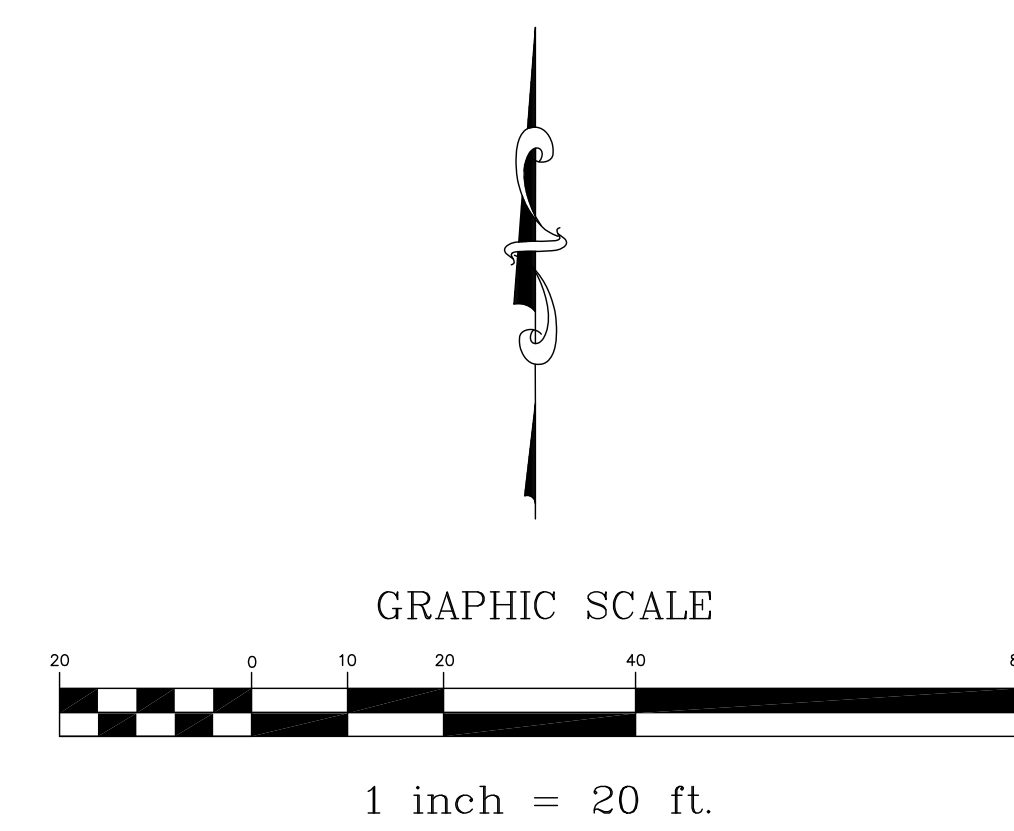
Close up of Romaldo



Expanded map showing water bodies (San Pedro creek [left] & San Jose creek [right])







LEGEND	
DI	DROP INLET
DEC	DECIDUOUS
PCV	PRESSURE CONTROL VALVE
PP	POWER POLE
OHW	OVERHEAD WIRE

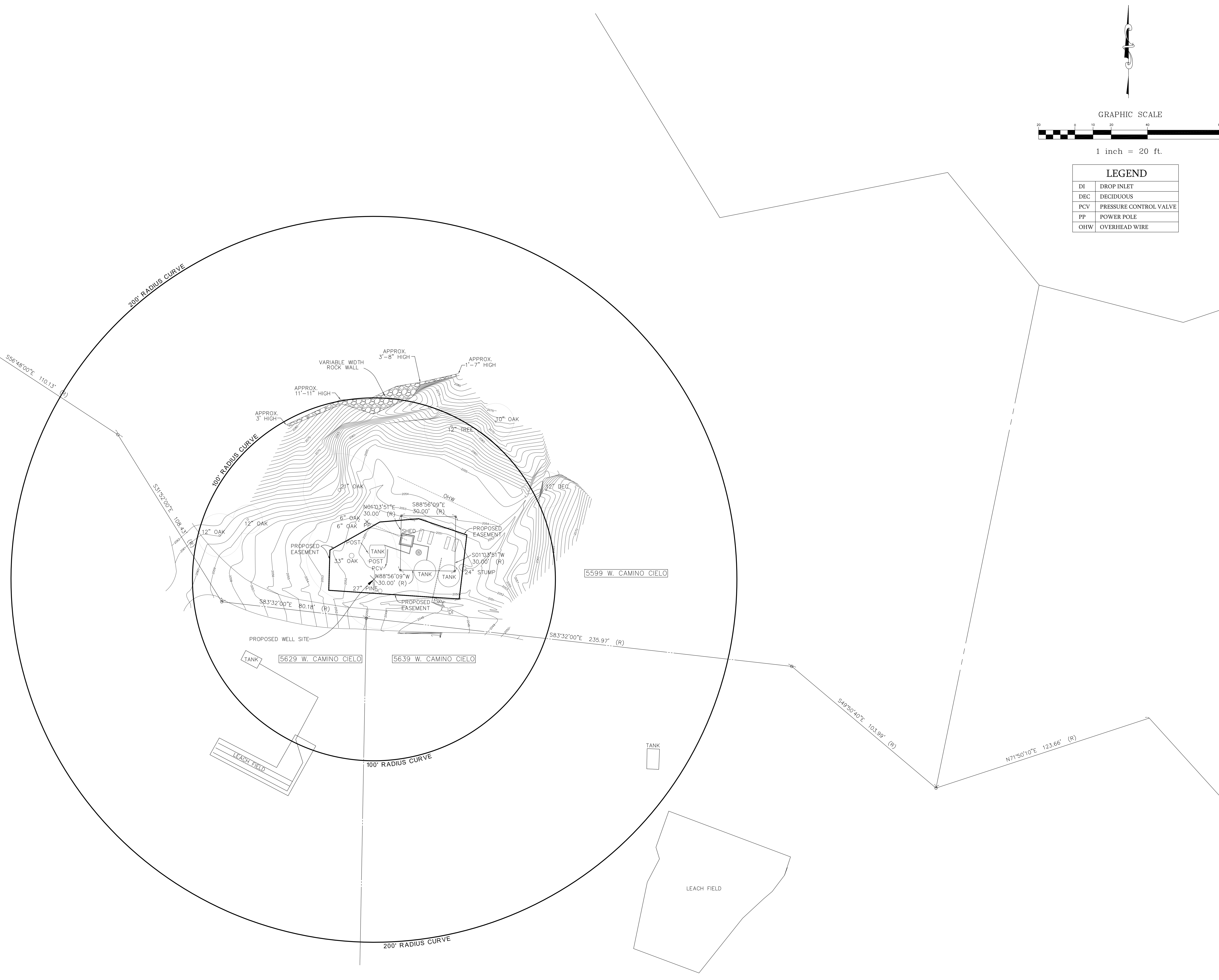


EXHIBIT MAP OF
 ROMALDO MUTUAL WATER COMPANY
 PROPOSED EASEMENT REQUESTS
 COUNTY OF SANTA BARBARA, CA

Rev	Description	By	Date

Drawn By: CB	Checked By: JC
Scale: As Shown	Date: 02/10/2017
Job No. 09-0274	Sheet: 1 of 1

- NOTES:**
- (1) THE BOUNDARY SHOWN HEREON IS FOR INFORMATIONAL PURPOSES ONLY. IT IS BASED ON MINIMAL MONUMENTATION RECOVERY AND RECORD DATA EITHER PROVIDED OR RECORDED. IT IS NOT INTENDED TO CONSTITUTE A BOUNDARY OF SURVEY.
 - (2) (R) - OFFICIAL RECORD 2007-0054155 ROTATED (1° 03' 50") CLOCKWISE.
 - (3) HORIZONTAL COORDINATE BASIS IS NAD 83 (1991.35) PER TIES TO STATION 2002 PER RECORD OF SURVEY BOOK 170, PAGE 48.
 - (4) VERTICAL BASIS IS NAVD 88 PER STATION 2002 PER RECORD OF SURVEY BOOK 170, PAGE 48; ELEVATION = 12.93 FEET.

