

WATER WELL PERMIT APPLICATION

Type of Permit (Please check the appropriate box below)

<input checked="" 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, reoperation, 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: 2-14-17
 Rec'd By: _____
 WP # 1803
 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): Romaldo Community Water Primary Phone (805) 886-1850
 Owner Mailing Address: 5587 W. Camino Cielo, Santa Barbara, CA 93105
 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: Bill Hurst
 Mailing Address: _____
 Street Number and Name City State / Zip Code
 Primary Phone: () 886-1850 Email: mktclev@gmail.com

WELL Location Info:

Well Location Address: No street address, but across from 5629 West Camino Cielo, 93105
 Street Number and Name City State / Zip Code
 Cross Street (or other information defining the Well location) if applicable: West Camino Cielo
 Assessor's Parcel Number (APN): 1 5 3 - 1 0 0 - 0 1 3
 Longitude: W116°14'28.86" Latitude: N43°38'19.39" Elevation: 2,100

- 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 <u>700</u> ft.	Casing Information
Well Bore Diam. <u>10 1/2</u> in.	
Sealing Material (Check) <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Clay <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete	Type: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ Wall / Gauge <u>0.36 or 0.50</u> in. Diameter <u>6"</u> in. Annular Seal Depth <u>50</u> 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: 805 427 0593
 Business Name: DCA Drilling Address 11438 Somac 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 Alvin Summerson Environmental Health Specialist 2-24-17 Date

FOR DEPARTMENT USE ONLY			
Fixed Fee Rec'd by: <u>See comments in Division</u>	Date: _____	Amt: \$ _____	Credit Card Trans No: _____ (last 4 digits)
Check No. _____	Receipt No. _____		
Permit Conditions: <u>Provide 48 hr notice prior to pouring seal</u>	Date: _____		
Final Construction Approved by: _____	Date: _____		
Final Clearance by: _____	Date: _____		
<input type="checkbox"/> Copy Required at Assessor's Office		<input type="checkbox"/> 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

WP# 1803

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.

X I have read and understand all of the information on Page 2 of this application including, but not limited to, permit limitations.

X I understand that this permit is only for the well construction, modification or destruction identified on this application.

X 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 Huest

Applicant/Owner (Print Name)

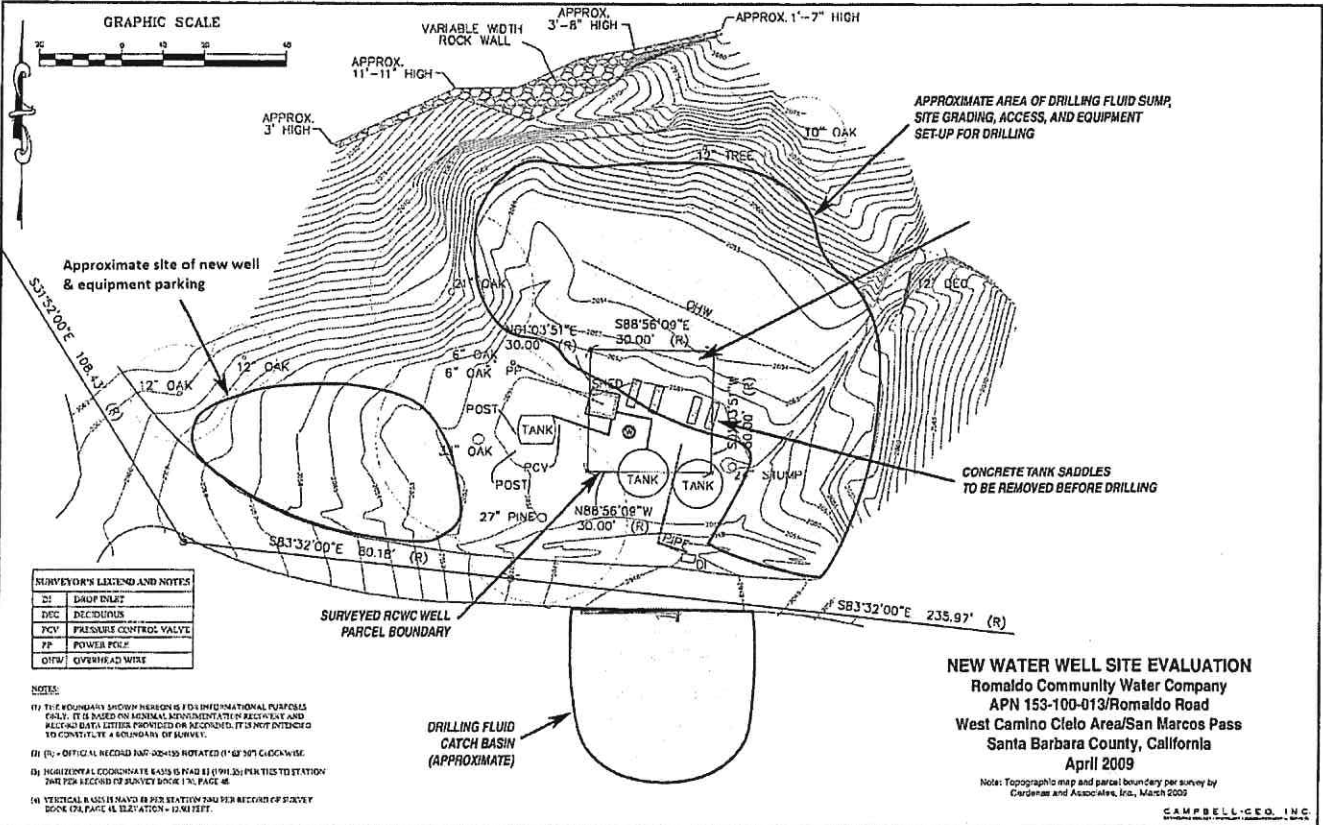
[Signature]

Applicant/Owner Signature

14-Feb-17

Date

WP# 1803



SURVEYOR'S LEGEND AND NOTES

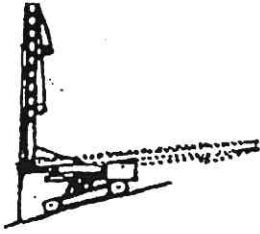
DI	DIAPHRAGM
DEC	DECIDUOUS
PCV	PRESSURE CONTROL VALVE
PP	POWER POLE
OTW	OVERHEAD WIRE

- NOTES:**
- (1) THE BOUNDARY SHOWN HEREON IS FOR INFORMATIONAL PURPOSES ONLY. IT IS BASED ON NORMAL SURVEYING PRACTICES AND RECORD DATA LIES PROVIDED OR RECORDED. IT IS NOT INTENDED TO CONVEY A BOUNDARY OF SURVEY.
 - (2) ALL OFFICIAL RECORDS ARE ROTATED 1° 47' 30" CLOCKWISE.
 - (3) HORIZONTAL COORDINATE BASIS IS NAD 83 (1983) PERTINENT TO STATION 7442 PER RECORD OF SURVEY BOOK 17, PAGE 48.
 - (4) VERTICAL IS USED TO SHOW IN PER STATION PER RECORD OF SURVEY BOOK 07, PAGE 15, STATION 1244 FEET.

NEW WATER WELL SITE EVALUATION
 Romaldo Community Water Company
 APN 153-100-013/Romaldo Road
 West Camino Cleo Area/San Marcos Pass
 Santa Barbara County, California
 April 2009

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

CAMPBELL GEO. INC.



WP# 1803

**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.