

# WELL DESTRUCTION PERMIT

CITY OF FOWLER

128 S. FIFTH STREET, FOWLER, CA 93625

NON-REFUNDABLE PERMIT

CALL (559) 834-3113 FOR INSPECTIONS

EXPIRES 6 MONTHS FROM ISSUANCE

JOB ADDRESS _____	CITY/ZIP _____
CROSS STREET _____ APN _____	PARCEL SIZE _____ LAND USE APPLICATION # _____
OWNER _____	PHONE _____
OWNER ADDRESS _____	CITY/STATE/ZIP _____
CONTRACTOR _____	PHONE _____
CONTRACTOR ADDRESS _____	CITY/STATE/ZIP _____
C-57 WELL DRILLING _____	LICENSE NUMBER _____ EXPIRATION DATE _____

**REASON FOR DESTRUCTION**     Dry     Replacement Well     Caved In     Pit Well     Inactive     Test Hole

Detected / Suspected **Well Water Contaminant(s)** \_\_\_\_\_

Adjacent property with **contamination** (Address) \_\_\_\_\_

Known Soil / Water **contaminants** at adjacent property \_\_\_\_\_

**EXISTING WELL CONSTRUCTION DETAILS**     Open Bottom     Gravel Pack     Uncased     Other \_\_\_\_\_

Well Log copy attached     Yes     No    **Grout Seal**     No     Yes \_\_\_\_\_ ft below ground surface (bgs)    **Hole Diameter** \_\_\_\_\_ inches

Well Conductor Casing     Yes     No    **Depth of Conductor Casing** \_\_\_\_\_ ft bgs    **Diameter of Conductor Casing** \_\_\_\_\_ inches

Well Casing Diameter \_\_\_\_\_ inches    **Total Depth** \_\_\_\_\_ ft    **Depth to Water** \_\_\_\_\_ ft    **Depth of Casing** \_\_\_\_\_ ft bgs

**WELL DESTRUCTION DETAILS**

**Sealing Material** from \_\_\_\_\_ ft bgs to \_\_\_\_\_ ft bgs    **Filler Material** \_\_\_\_\_ from \_\_\_\_\_ ft bgs to \_\_\_\_\_ ft bgs

**Sealing Material:**     Neat Cement (94 lb bag / 5-6 gal water)     Sand Cement \_\_\_\_\_ sack mix / 7 gal water     Bentonite Pellets

**Bentonite (20% solids)** \_ Manufacturer Spec % solids \_\_\_\_\_ %    Manufacturer Name \_\_\_\_\_

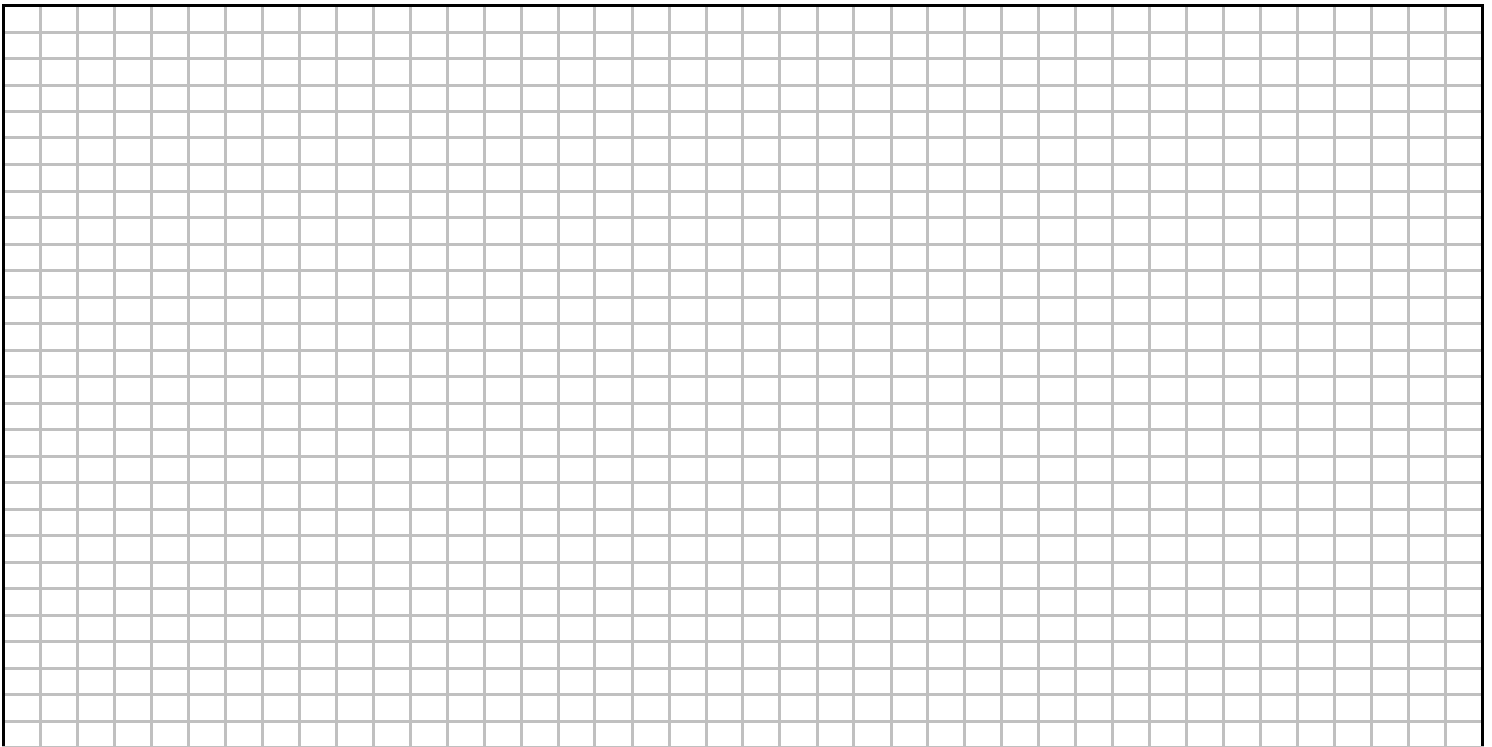
**Placement Method:**     Pumped     Free Fall     Other \_\_\_\_\_

**Seal Completion:**     Complete with **Mushroom Cap** \_\_\_\_\_ ft bgs     Complete to **Existing Surface Pad**

I HEREBY CERTIFY THAT I HAVE PREPARED THIS APPLICATION AND THAT THE WORK WILL BE DONE IN ACCORDANCE WITH CITY OF FOWLER AND, STATE LAWS, AND RULES AND REGULATIONS. I ALSO CERTIFY THAT MY REQUIRED LICENSE IS CURRENT AND ACTIVE WITH THE CALIFORNIA CONTRACTORS STATE LICENSE BOARD AND THAT I AM IN COMPLIANCE WITH ALL WORKERS COMPENSATION LAWS.

**MINIMUM 48 HOUR ADVANCE NOTICE REQUIRED FOR INSPECTIONS**

CONTRACTORS SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



**Plot Plan – Designate property dimensions and position of well relative to property lines.**

**CITY USE ONLY**

Application Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \_\_\_\_\_

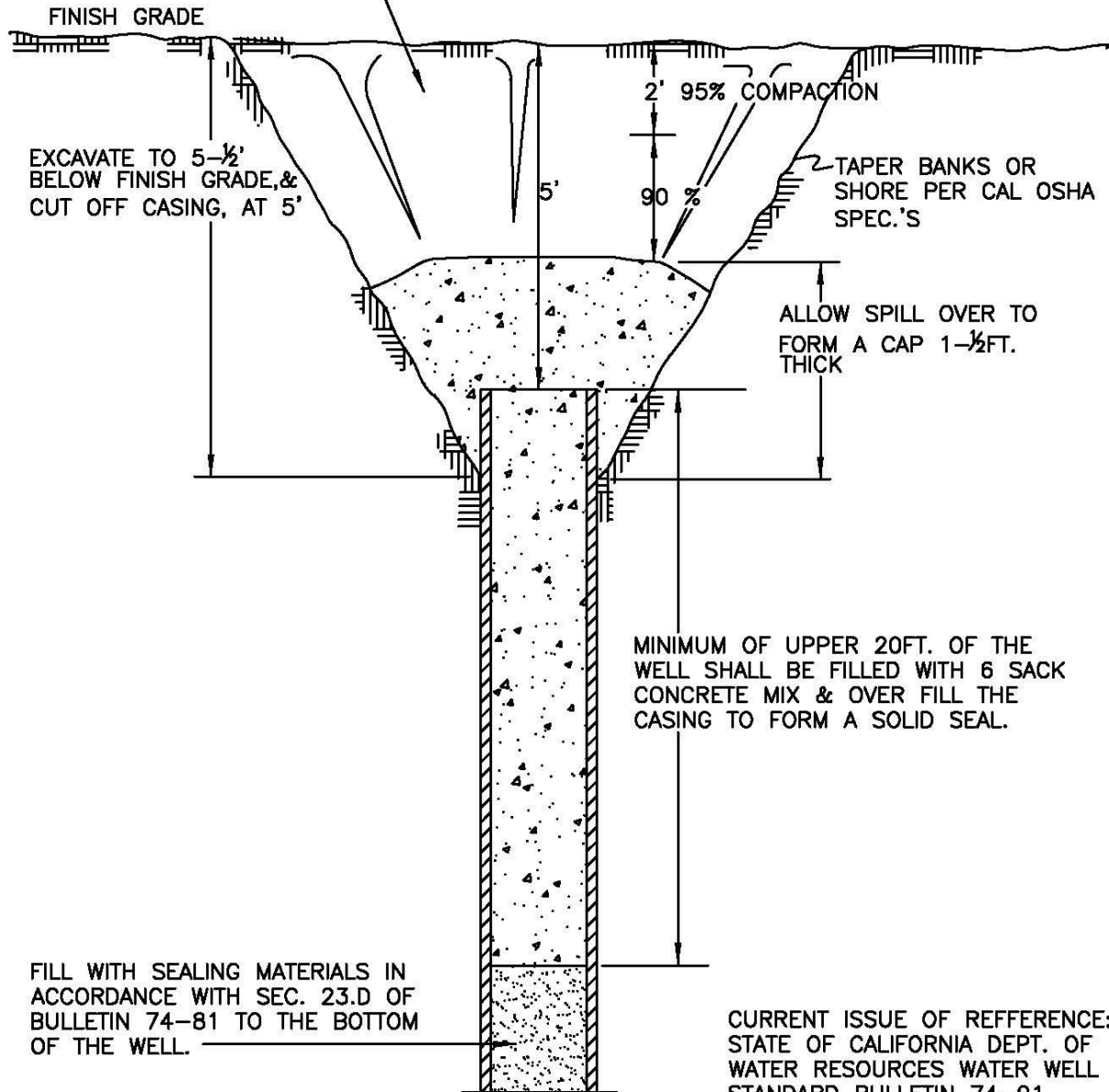
Permit Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Received by: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLOW A MINIMUM OF 48 HOURS FOR CONCRETE TO SET BEFORE BACKFILLING

BACKFILL WITH NATIVE SOIL OR EQUIV., FREE OF LARGE ROCKS AND DEBRIS 3" DIA. OR LARGER, MECHANICALLY COMPACTED IN 12" MAX. LIFTS.



CITY OF FOWLER  
WELL DESTRUCTION  
STANDARD PLAN