COUNTY OF MADERA
Community and Economic Development
Environmental Health Division
200 West 4th Street, Suite 3100 , Madera, CA 93637
(559) 675-7823 FAX (559) 675-7919
envhealth@madera-county.com

FOR COUNTY USE ONLY
RECEIVED MCEHD DATE:_____
Applicant Will Receive Permit by:
☐Mail ☐P/U EH ☐P/U BL
☐ EMAIL _____
PAID $ _____CK # _____☐cash

# WELL CONSTRUCTION APPLICATION

PROPERTY OWNER(S) _____ OWNER PHONE _____

OWNER MAILING ADDRESS_____PARCEL SIZE_____

JOB ADDRESS _____APN# _____-_____-_____ LOT # _____

CONTRACTOR'S NAME_____PHONE_____

LICENSE TYPE: _____ESTIMATED START DATE_____ LICENSE #_____

## WELL INFORMATION (check all that applies)

**Type of Work**

- ☐ **New Well
- ☐ Deepening/Repair
- ☐ Inactive/ Out-of-Service
- ☐ Destruction
- ☐ **Replacement Well
- ☐ Test Holes/Test Wells

** Additional Requirements Apply (Back Page)

**Intended Use**

- ☐ Domestic ☐ Shared Well
- ☐ Dairy
- ☐ Public
- ☐ Agricultural
- ☐ Cathodic
- ☐ Industrial
- ☐ Monitoring
- ☐ Soil Boring

## COMMENTS/CONDITIONS:

- Provide 48-hour notice for all seal placements. Public Well seals are by appointment only.
- This permit is non-transferable and is valid for 180 days.
- Submit a copy of the well log to the Madera County Environmental Health Division.
- See back page of this application for other requirements.

## Well Construction Information ( check or circle all that applies)

☐ Gravel Pack ☐ Hard Rock ☐ Other_____

☐ Cable Tool ☐ Reverse/Direct/Air Rotary ☐ Casing Driven ☐ Other_____

**Conductor Casing:** Material_____Diameter_____inches Depth_____ft.

**Well Casing:** Manufacturer_____ Model_____

Material_____ Diameter_____inches Gauge:_____

**Annular Seal Material:** Depth_____ft. ☐ Neat Cement ☐ Sand Cement ☐ Concrete

☐ Bentonite-product type & name_____

☐ Mixed w/ water ☐ Dry application

**Seal Placement Method:** ☐ Pumped ☐ Free Fall (must be dry and less than 30 ft.)

**********

## Well Destruction Information ( check or circle all that applies)

☐ Gravel Packed ☐ Open Bottom ☐ Uncased ☐ Other_____

Diameter_____inches Total Depth_____ft. Depth to water_____ft.

Casing to be perforated _____ft. to _____ft. Fill material below seal_____

**Destruction Seal Material:** ☐Neat Cement ☐ Sand Cement ☐ Concrete

☐Bentonite-product type & name_____

☐Mixed w/ water ☐Dry application

☐Seal interval _____ft. below grade to top of casing ☐Other _____

☐Casing cut off _____ft. below grade

**Seal Placement Method:** ☐Pumped ☐Free Fall (must be dry and less than 30 ft.)

## SETBACKS (check all that applies & indicate distance)

- ☐ Leach Lines_____ft.
- ☐ Septic Tank_____ft.
- ☐ Animal enclosure_____ft
- ☐ Ponding basins _____ft.
- ☐ Lakes, Streams _____ft.
- ☐ Waste water ponds _____ft.
- ☐ Cesspool _____ft.
- ☐ Seepage pits_____ft.
- ☐ Sewer lines_____ft.
- ☐ Other wells_____ft.
- ** How many? _____

THIS APPLICATION MAY BE USED AS A **JOB CARD** TO CONSTRUCT IF THE FOLLOWING IS SIGNED BY AN EHS.

SIGNATURE DATE

SEE COMMENTS/CONDITIONS ☐

POSSE PERMIT # _____

*I declare under penalty of perjury under the laws of the State of California that the foregoing and attached information and forms are true and correct. I understand that all work is to be done in accordance with the State of California Well Standards and the Madera County Ordinance including any conditions of this permit application or permit issuance. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance.*

Signature Name (please print) Date

# INSTRUCTIONS

**<u>APPLICANT/ PROPERTY OWNER</u> – PLEASE REVIEW & VERIFY THAT THE FOLLOWING INFORMATION IS INCLUDED WITH YOUR APPLICATION TO ENSURE THAT THE DIVISION CAN PROCESS YOUR APPLICATION IN A TIMELY MANNER OR THE APPLICATION PROCESS WILL BE DELAYED.**

☐ Property Owner(s) Name and Signature – If the parcel has been recently purchased, you may be required to provide a "Proof of Ownership" such as a copy of the recorded "Grant Deed".

☐ Plot Plan – on official 8 x 11 County approved form. Show accurately and to scale the entire parcel configuration and all property line dimensions including all setbacks and structures. <u>For subject parcel and all affected adjacent lands</u>, show street, nearest intersection, buildings, distances from buildings and property lines, easements, right of ways, existing well(s), all existing and proposed sewage system components, as well as potential sensitive receptors within a 500 foot radius.

☐ Include detailed description of well construction, intended use, and proposed type of work.

☐ Contractor Construction Permit Package relating to Workers' Compensation Insurance disclosures completed.

☐ Payment of permit fees in full.

☐ ****** Meter permit required through Environmental Health Division per County Ordinance 674 (fees apply)

## <u>**EXISTING WELL: N/A, DESTROY, INACTIVATE, MAINTAIN</u>

### CHOOSE ONE OPTION BELOW 1, 2, 3,OR 4.

☐ **1. Not Applicable**, No existing well(s) on the property

☐ **2. Destroy** by a Licensed Well Driller (Permit Fee Applies)

☐ **3. Inactivate** for a period of one year (Permit Fee Applies). An inspection will be conducted by this department to ensure that the well is being maintained in accordance with Madera County Code 13.52.050, Section Q. At the end of the one year period the well shall be placed into service or destroyed.

☐ **4. Maintain:** The existing well will remain in use and will be provided with a dedicated pump and power. If at any time this existing well is no longer useful, it shall be properly destroyed by a C-57 licensed well drilling contractor. In addition, if the existing well has not been used for a period of one year, it shall be considered abandoned, in accordance with Madera County Code Title 13, Chapter 13.52.020 and will be destroyed by a Licensed Well Driller.

---

*I declare under penalty of perjury under the laws of the State of California that the foregoing and attached information and forms are true and correct. I understand that all works is to be done in accordance with the State of California Well Standards and the Madera County Ordinance including any conditions as may be deemed necessary to ensure compliance.*

| Property Owners Signature | Name (Print) | Date |
|---|---|---|

Community and Economic Development
Environmental Health Division

Dexter Marr, Deputy Director

- 200 W. 4th Street
- Suite 3100
- Madera, CA 93637
- (559) 675-7823
- FAX (559) 675-7919
- envhealth@madera-county.com

# WATER FLOW METER AND WATER LEVEL MEASURING DEVICE PERMIT APPLICATION

**(The property owner is subject to comply with Madera County Codes 13.28 and 13.101)**

**Property Owner's Information:** Assessor's Parcel Number (APN): _____

Owner Name: _____ Phone Number: _____

Owner's Mailing Address: _____

Job Address: _____

**WELL TYPE:** ☐ NEW ☐ REPLACEMENT ☐ OTHER: _____

**PUMP TYPE:** ☐ SUBMERSIBLE ☐ TURBINE ☐ OTHER: _____

**WELL SOUNDING TUBE/TAPHOLE:** ☐ SOUNDING TUBE ☐ TAPHOLE

**METER INFORMATION FOR WELL USE:**

| **RESIDENTIAL** | **AGRICULTURAL** | **OTHER** |
|---|---|---|
| Meter Type/Size: _____ _____ | Meter Type/Size: _____ _____ | Meter Type/Size: _____ _____ |
| Manufacturer/Model Number: | Manufacturer/Model Number: | Manufacturer/Model Number: |
| *MCBD Final Inspection Initials/Date:* | *MCBD Final Inspection Initials/Date:* | *MCBD Final Inspection Initials/Date:* |

**ELECTRICAL CONNECTION REQUIRED:** ☐ YES ☐ NO

***If box marked yes above then you must obtain an Electrical Permit through the Madera County Building Division (MCBD)***

*I declare under penalty of perjury under the laws of the State of California that the foregoing and attached information and forms are true and correct. I understand that all work is to be done in accordance with the State of California Well Standards and the Madera County Ordinance including any conditions of this permit application or permit issuance. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance.*

_____ _____ _____

Printed Name (OWNER) Signature (OWNER) Date

***FOR ENVIRONMENTAL HEALTH USE ONLY***

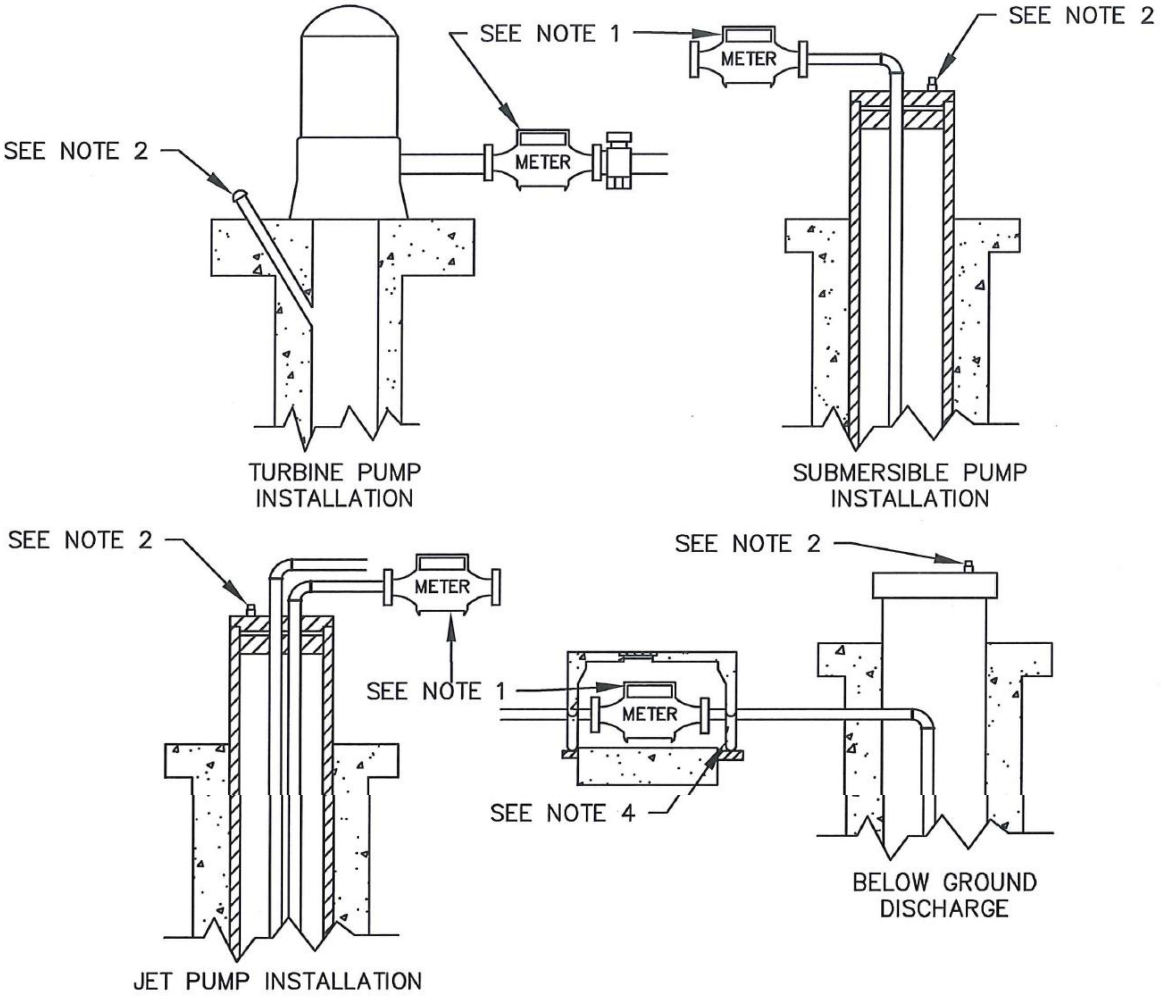
_____

Inspector's Printed Name

_____

Inspector's Approval Signature **Paid: $ _____ Check #: _____**

**Permit #** _____




NOTES:

1. WATER WELL FLOW METER. A FLOW METER MEASURING DEVICE SHALL BE LOCATED AT EACH SOURCE FACILITY, PLACED INLINE PRIOR TO ANY CONNECTIONS AND/OR DISCHARGE POINTS, AND SHALL ACCURATELY REGISTER THE QUANTITY OF WATER DELIVERED TO THE DISTRIBUTION SYSTEM FROM ALL WATER SUPPLY WELLS. METER TYPE SHALL COMPLY WITH COUNTY CODE AS FOLLOWS; SEE TYPES OF METERS:
2. A "SOUNDING TUBE" OR TAP HOLE/SOUNDING PORT SHALL BE INSTALLED ON ALL WELLS TO ALLOW USE OF A WATER LEVEL MEASURING DEVICE. SOUNDING TUBES SHALL BE 1-1/2 INCH MINIMUM DIAMETER AND AFFIXED TO THE WELL CASING. TAP HOLES/SOUNDING PORTS SHALL BE 1/2-INCH MINIMUM DIAMETER WITH A THREADED PLUG.
3. METER LOCATION SUBJECT TO ACCESSIBILITY.
4. METER BOX SHALL BE CONCRETE UTILITY BOX: SEE DRAWING STANDARD W-7B THROUGH W-7F
5. ANY DEVIATION FROM THIS STANDARD SHALL REQUIRE AUTHORIZATION FROM THE PUBLIC WORKS DIRECTOR OR DESIGNEE.

TYPES OF METERS: *

5/8-INCH TO 1-INCH PIPES (RESIDENTIAL):
SENSUS iPERL™ ELECTROMAGNETIC FLOW MEASUREMENT SYSTEM

1 1/2-INCH TO 2-INCH PIPES (RESIDENTIAL):
SENSUS OMNI™ R2 METER

1 1/2-INCH AND LARGER PIPES (INDUSTRIAL/COMMERCIAL):
SENSUS OMNI™ T2 OR OMNI™ C2 METER

1 1/2-INCH AND LARGER PIPES (AGRICULTURAL):
SENSUS MAINLINE PROPELLER METER FITTED WITH A TAMPER PROOF REGISTER

* ALL PROPOSED ALTERNATES TO THOSE LISTED ABOVE MUST COMPLY WITH AND MEET THE SAME SPECIFICATIONS

| | | |
|---|---|---|
| Spec's By _____ | **COUNTY OF MADERA** | Date: 12-30-2014 |
| Drawn By J.S.C. | TYPICAL WATER METER AND SOUNDING TUBE/PORT INSTALLATION | Scale: NONE |
| APPROVED BY Johannes J. Hoevertsz | | Drawing No. W-7H |
| REVISIONS | | |

R:\STANDARD PLANS\County\W Dwg\W7H-W Meter Sounding Installation.dwg 2-02-15 08:19:06 M jchandler

**(The property owner is subject to comply with Madera County Codes 13.28 and 13.101**

**Community and Economic Development Department**
**Environmental Health Division**
Dexter Marr
DEPUTY DIRECTOR

200West 4th Street
Suite 3100
Madera, CA 93637
Main line: (559) 675-7823
Fax: (559) 675-7919
envhealth@madera-county.com

# CONTRACTOR'S PERMIT APPLICATION – SUPPLEMENTAL DOCUMENT

Property Location or Job Address: _____

Property Owner's Name: _____ Phone: _____

Referenced Permit Number: _____

## WORKER'S COMPENSATION DECLARATION

**WARNING: FAILURE TO SECURE WORKERS' 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.*

**I hereby affirm under penalty of perjury one of the following declarations:**

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
Policy number: _____

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier: _____ Policy Number: _____ Expiration Date: _____

☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

## LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Company Name: _____

License Class(es): _____ License Number: _____ Madera County Business License #: _____

_____

Signature of Contractor OR Authorized Agent Print Name Date