



Application for Production Well Construction/Destruction

Application Date: _____ Start Date: _____ Completion Date: _____

Job Address/Location: _____

To be completed by Owner, Consultant or Driller

Property Owner	Well Owner (If Different)	Consultant/Engineer & Geologist Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Telephone Number	Telephone Number	Telephone Number
Fax Number	Fax Number	Fax Number

General Contractor Name and state license number (if applicable): _____

Please indicate **Type and Number** of Proposed Production Wells:

- Industrial Wells Irrigation Wells

Operating Parameters

Maximum rate of withdrawal: _____

Average rate of withdrawal _____

Topographic Features – Well to be constructed:

- In a Public Sidewalk In a Public Road On Private Property On City Property

Construction Specifications:

Diameter of Well Casing: _____

Annular Seal Depth: _____

Gauge of Casing: _____

Annular Seal Material: _____

Casing Depth: _____

Other Information: _____

Destruction Specifications: Well Diameter: _____ Approximate Depth: _____

Materials and Procedures to be Used: _____

Well Location: Attach a site plan that accurately shows the well location with a vicinity map. (Recommend Assessor's Map)

1. Sketch well location to scale, show dimensions to nearest foot.
2. Show a minimum of two dimensions at right angles. Dimensions shall be from the centerline of the closest named street, road or highway.
3. Include the legal description of the property and the assessor's parcel, block and lot numbers.

Plot Plan: Attach a plot plan that shows a 500 foot radius around the proposed or actual location of the well or soil boring that is being constructed, modified, operated or maintained and identifies the following elements:

- (1) Property lines, including ownership;
- (2) Sewage or waste disposal system, including reserved waste disposal expansion areas, or works for conveying sewage waste;
- (3) The approximate drainage pattern of the property;
- (4) Other wells, including abandoned wells;
- (5) Access road to the well site;
- (6) Any structures; and
- (7) Any aboveground or below ground utilities.
- (8) Location and classification by visual inspection of any solid, liquid, or hazardous waste disposal sites.

Additional Attachments: Include other attachments to meet requirements in SFHC 12B:

- (1) A plan for the safe and appropriate handling and disposal of drilling fluids and other drilling materials resulting from the proposed work.
- (2) An approval from the San Francisco Public Utilities Commission if drilling fluids or water extracted from the well or soil boring will be discharged into the sanitary sewer.
- (3) Submission of completion bonds, contractor's bonds, cash deposits, or other adequate security of at least \$10,000 to insure that all projects are performed completely and properly in a manner which protects the public health and safety and the integrity of the groundwater resources.

Certification by Well Owner/Agent or Driller/Agent:

I certify the information above is correct to the best of my knowledge. I certify that the well will be constructed in compliance with the conditions this permit, the San Francisco Health Code and, if applicable, the Hazardous Materials Permit and Discloser Ordinance of the City/County. It is my responsibility as the responsible party to notify this Section of any changes in the purpose of the well from that which is indicated on this application form.

If proposed well is to meet compliance with a Hazardous Materials Permit & Disclosure Ordinance, has the Hazardous Materials Unified Program been contacted? Yes No

Name and Address of Well/Drilling Company

C-57 Driller's License Number

Signature of Responsible Professional
(Wet Signature; **No** substitution of Signature will be accepted)

Date

Civil Engineer Registration Number or
Engineering Geologist Certificate Number

Based on information on the application and attachment(s) hereto (if any) and subject to approval noted below, permission is hereby granted to commence the described project. Permission to start may be withheld until a field check verifies all statements made on application by Permittee and is also subject to any "General" and "Special" conditions attached.

For Department of Public Health Office Use Only	
Project Number: _____	Issue Date: _____
Number of Wells: _____	Number of Soil Borings: _____
This project to construct/destroy is approved <input type="checkbox"/>	
This project to construct/destroy is disapproved <input type="checkbox"/>	
_____ Inspector	