



Permit No.

CITY OF ATWATER
WATER WELL APPLICATION/PERMIT
PER AMC SEC 13.16.010 THROUGH 13.16.040

Date

 Owner Name _____

 Phone # _____

Mailing Address _____

City _____ State _____ Zip Code _____
 Contractor _____

 Phone # _____

Mailing Address _____
 City _____ State _____ Zip Code _____

LICENSED CONTRACTOR DECLARATION
*I hereby affirm that I am licensed under the provisions of Chapter 9
 (connecting with Section 7000) of Division 3 of the Business and
 profession Code, and my C-57 license is in full force and effect.*

Contractor's Signature _____ License No. _____

PRODUCTION WELL PERMIT ONLY

Application is for:

Initial Well _____

Replacement of Failed Well _____

Additional Well _____

*I understand the destruction of failed wells on my property
 By a licensed C5-57 contractor is required as a condition of
 approval of this application. I understand that all other wells
 on this property that do not meet the definition of well failure
 in the Atwater Municipal Code must be either maintained in
 service or must be taken out of service under City of Atwater
 permit and inspection.*

 Signature of Owner/Legal Custodian

OUT- OF- SERVICE WELL PERMIT ONLY

*I understand that a permit to maintain an out-of-service well Is
 Valid for one (1) year from date of permit issuance. I
 understand that all surfaces features of well must meet
 current Code requirements and that an inspection by the
 City Atwater is required prior to replacing the well in service.*

 Signature of Owner/Legal Custodian

WELL APPLICATION

 APN # _____
 S _____, T _____, S,R _____, E _____

Street Address _____

Subdivision _____ Lot/Parcel # _____

PURPOSE OF WORK

Test Well Only	_____
Production Well	_____
(Check if Emergency)	
Domestic (D)	_____
Irrigation (IR)	_____
Monitoring Well (M)	_____
(Indicate #)	_____
(Permanent or Short Term)	_____
Soil Boring (S)	_____
(Indicate #)	_____
Out of Service Well (OS)	_____
Well Destruction (WB)	_____
Agricultural Well	_____

SPECIFICATIONS

Construction Method:		
Rotary _____	Cable Tool _____	Other _____
Est: Depth _____		
Conductor Casing _____		
Casing Material _____	Diameter _____	

PERMIT

Total cost for permit \$ _____

Acct. No. 0001.3030.2101

Additional charges \$ _____

Approved by _____ Date _____
 Conditions and/or Comments: _____

FINAL INSPECTIONS

 Signature of Inspection Official _____ Date _____

Form Rvsd. 2009