



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 (Do) \_\_\_\_\_  
                                 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