



A Tradition of Stewardship
A Commitment to Service

REPLACEMENT WELL CONSTRUCTION APPLICATION

Date: _____

Well Permit Number: _____

PROPERTY INFORMATION:

WELL DRILLER INFORMATION:

Name: _____

Company Name: _____

Mailing Address: _____

Well Driller's License Number: _____

Site Address: _____

Contact Person: _____

APN: _____

Address: _____

Email: _____

Email: _____

Phone #: _____

Phone #: _____

PROPOSED WELL LOCATION (decimal degrees): Latitude: _____ Longitude: _____

TYPE OF REPLACEMENT/RECONSTRUCTION PERMIT (check one): Class 1A Class 1B Class II

Project Description: _____

REASON FOR REPLACEMENT WELL: Insufficient Water Quantity Poor Water Quality Well Collapsed
 Increase Well/Septic Setback Casing Damaged/Well Corroded Other _____

PROPOSED USE (check all that apply): Domestic Commercial/Industrial Agricultural Public Water Supply
 Other: _____

PROPOSED WELL TO SERVE THIS PARCEL ONLY: Yes No If no, list APNs: _____

LOCATED IN MST: Yes No

LOCATED IN NV SUBBASIN: Yes No

LOCATED IN FLOOD ZONE: Yes No

If yes, click here for the required [Floodplain Permit Application](#), which needs to be submitted to Engineering for review and approval.

HAZARDOUS MATERIALS SITE WITHIN 1,500 FEET: Yes No

PARCEL LOCATED IN CITY LIMITS: Yes No If yes, indicate City: _____

For Calistoga and St. Helena, contact City Public Works for well permit application and obtain City approval.

RECLAIMED WATER ON PARCEL: Yes No If yes, show location of infrastructure and irrigation area on site plan

REPLACEMENT WELLS: To use this application, you must check the boxes and agree to the following:

1. The well is being drilled to replace an existing well. I agree
 2. You are required to destroy the replaced well as a condition of this permit and have the destroyed well inspected within 60 days of completion of the replacement well. This permit cannot received final sign off until the destroyed well has been inspected, the work approved, and well completion report submitted. I agree
 3. The replacement well will serve existing uses only, no net increase in groundwater use is permitted. I agree
- *If all three items do not apply, this application cannot be used. Use the standard well application instead.**

SETBACKS TO PROPOSED WELL(show features on site plan):

The replacement well must meet all required setbacks, including but not limited to the setbacks listed in Napa County Code Section 13.12.340 and be located no closer than 1,500 feet of a significant stream. If these setbacks cannot be met, the replacement well must be no closer than the existing, replaced well.

Sewer Line:_____ft Septic Tank:_____ft Disposal Field:_____ft Replacement Area:_____ft

Animal/fowl enclosure:_____ft Reclaimed Water Reuse Area:_____ft Nearest Neighboring Well:_____ft

Nearest Significant Stream:_____ft Nearest Roadway/Driveway:_____ft Stormwater Infrastructure:_____ft

WELL SPECIFICATIONS:

Casing Diameter:_____in Boring Diameter:_____in Annular Seal Thickness:_____in

Minimum Seal Depth:_____ft Sealing Material:_____ Sealing Method:_____

Well Casing Material:_____

Will casing extend 8-inches above grade or 18-inches above grade for public water supply wells? Yes No

DESTRUCTION INFORMATION (attach well completion report if available):

TYPE OF WELL TO BE DESTROYED: CASED WELL HAND DUG WELL OTHER:_____

CASED WELLS: (provide as much information as possible, if none, write "none", if unknown, write "unknown") Casing

material: PVC Steel Other:_____ Total

Depth of Well:_____ft Well Screen interval(s):_____ Total

Depth of Seal:_____ft Thickness of Annular Seal:_____in Casing Diameter:_____in

Well Pack Material:_____ Static water level:_____ft, below ground surface

HAND DUG WELLS:

Total Depth of Well:_____ft Diameter of Well:_____ft Static Water Level:_____ft, below ground surface Well

Construction Material (brick, stone, etc.):_____

DESTRUCTION PROCEDURES:

Material used to fill well (choose one): Pea Gravel Concrete Other:_____

Well filled from bottom to_____ft below ground surface with material noted above.

Sealing Material: Concrete Neat Cement Cement Grout Bentonite Grout (high solids)

Other:_____

Describe method to perforate the casing (i.e. mills knife, explosives, etc.):_____

Driller's comments:_____

WELL APPLICATION COMPLETENESS CHECKLIST:

A scaled plot plan of the well location shall be attached to this application, which includes the following details and features.

- Proposed well location, including latitude and longitude (decimal degrees);
- Proposed and/or existing access road(s) to the proposed well;
- All existing wells on the parcel with the use of each well identified.
- Property lines and distance to proposed well;
- Proximity to *significant streams*;
- Sewage disposal systems (including tanks and sewer line) and reserve area and distance to proposed well (this parcel and neighboring), if location is unknown a sewage contractor must be consulted to determine location;
- Reclaimed water infrastructure including irrigation areas and distance to proposed well (this parcel and neighboring)
- Wastewater ponds and irrigation areas;
- Structures including pools, barns, sheds, dwellings, garages, accessory structures, etc.
- Roads and driveways and distance to proposed well;
- FEMA Special Flood Hazard Zone boundaries; and
- All other pertinent information specific to this well and parcel.

ADDITIONAL DOCUMENTATION THAT MAY BE NEEDED:

- Floodplain Management Permit Application for wells proposed with a flood zone.
- Electrical permit

APPLICATION THIS IS NOT A PERMIT

Worker's Compensation Coverage (please check one):

- A Certificate of current Worker's Compensation Insurance Coverage is on file with the State of California, Department of Consumer Affairs, Contractors State License Board.

OR

- 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 Worker's Compensation laws of California.

By executing this application, the undersigned agrees to comply with all conditions, inspections and comments of the issued permit and all federal, state and county code requirements applicable to this permit. Furthermore, I understand that the Division of Environmental Health in no way guarantees trouble-free operation of the well and that future repair or the drilling of a new well may be necessary.

Signature: _____ Date: _____

Please print your name: _____