



CITY OF OXNARD
WELL/BOREHOLE PERMIT APPLICATION
 214 SOUTH C STREET, OXNARD, CA 93030

PERMIT NO. _____

NAME OF WELL OWNER	OWNER MAILING ADDRESS (STREET, CITY, ZIP)	
OWNER TELEPHONE NUMBER () _____	NAME OF WELL DRILLER	LICENSE NUMBER

I hereby agree to comply with all regulations pertaining to well construction, repair, modification and destruction. Within 30 days of completion of work, I will furnish the City of Oxnard Development Services Department with a complete and accurate log of the well. Any modification of this permit requires approval by the City Engineer. Call (805) 385-7925.

Applicant's Signature x _____ **Date:** _____

Owner Driller Consultant (Firm & Phone No.) _____ () _____

Estimated Dates of Work: Start _____ Completion _____ Fax () _____

TYPE OF WORK (Check)	USE (Check)	EQUIPMENT (Check)	WELL DEPTH	PROPOSED CASING
Water Supply Well <input type="checkbox"/>	Public <input type="checkbox"/> Domestic <input type="checkbox"/>	Air Rotary <input type="checkbox"/>	_____	Steel <input type="checkbox"/>
Repair or Modification <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Mud Rotary <input type="checkbox"/>	Feet _____	PVC <input type="checkbox"/>
Destruction <input type="checkbox"/>	LUFT Invest/Clean-up <input type="checkbox"/>	Hollow Stem <input type="checkbox"/>	DIAMETER _____	Other _____ <input type="checkbox"/>
Monitoring (No. _____) <input type="checkbox"/>	Assess/Leak Detect <input type="checkbox"/>	Cable Tool <input type="checkbox"/>	WELLBORE _____	Diameter _____ <input type="checkbox"/>
Borehole (No. _____) <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Inches _____	Wall or Gage _____ <input type="checkbox"/>
Other _____ <input type="checkbox"/>				

PROPOSED SEALING ZONES(S)	SEALING MATERIAL (Check)	PERFORMANCE OR SCREEN
From _____ to _____ Ft. with _____	Neat Cement <input type="checkbox"/> Bentonite Clay <input type="checkbox"/>	From _____ to _____ Ft.
From _____ to _____ Ft. with _____	Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/>	From _____ to _____ Ft.
From _____ to _____ Ft. with _____	(10 Sack/Yd Mix) (6 Sack/Yd Mix)	From _____ to _____ Ft.

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS, INCLUDE DIMENSIONS. LIST ASSESSOR'S PARCEL NUMBER, THOMAS BROS. GUIDE NUMBER, STATE WELL NO. & QUAD NO.

SITE ADDRESS: _____

SITE MAP ATTACHED

STATE WELL NO. _____

THOMAS BROS. GUIDE _____