

Mailing Address:
725 North Azusa Ave.
Azusa, CA 91702

MAIN SAN GABRIEL BASIN WATERMASTER
SUPERIOR COURT CASE NO. 924128-LOS ANGELES COUNTY

(State Well Number)

(Recordation Number)

(Owner's Designation)

APPLICATION TO DESTROY WELL

(1) APPLICANT:

Name _____
Address _____

(2) LOCATION OF WELL:

Well Address: _____
Township, Range, and Section _____
Thomas Brothers Guide (Please indicate year, page number and coordinates.) _____

Assessor's Parcel No. _____
(Please attach copy of a map or sketch showing well location relative to streets or other major landmarks.) _____

(3) NAME OF WELL DRILLING CONTRACTOR: _____

(4) PURPOSE FOR DESTROYING WELL

Water Quality () Physical ()
Other () _____

(5) CURRENT USE:

Municipal () Irrigation ()
Domestic () Industrial ()
Water Quality Cleanup ()
Other () _____

(6) EXISTING CASING INSTALLED:

STEEL () PLASTIC () Gravel Packed:
OTHER () Yes () No () Size _____

From ft.	To ft.	Diam.	Gage or Wall	Diameter of Bore	Packed	
					From ft.	To ft.

Size of shoe or well ring: _____

Describe joint _____

(7) EXISTING PERFORATIONS OR SCREEN:

Type of perforation or size of screen _____

From ft.	To ft.	Perf. per row	Rows per ft.	Slot Size

(8) CONSTRUCTION:

Was a surface sanitary seal provided? Yes () No ()
To what depth? _____ ft.
Were any strata sealed against pollution? Yes () No ()
If yes, note depth of strata
from _____ ft. to _____ ft.
from _____ ft. to _____ ft.

Method of sealing _____

(9) WELL LOG: (Please provide a copy of well log.)

Total depth _____ ft. Depth of completed well _____ ft.
Formation: Describe by color, character, size of material and structure if well log cannot be provided.
_____ ft. to _____ ft.

(10) METHOD OF DESTROYING: (Please provide an explanation of how the well is to be destroyed including drawings showing the proposed method of destroying. Please provide copy of County of Los Angeles permits and State Department of Water Resources Water Well Drillers reports and any other permits for destruction of well following destruction of the well.)

I hereby agree to comply with all regulations of the Main San Gabriel Basin Watermaster pertaining to well construction, operation, repair, modification, destruction and inactivation. The Applicant will notify the Watermaster upon completion of well destruction.

Submitted for Applicant by: _____

Signature: _____

Title: _____

Date: _____

Date Received by Watermaster: _____

Watermaster Action:

Approved () Denied ()

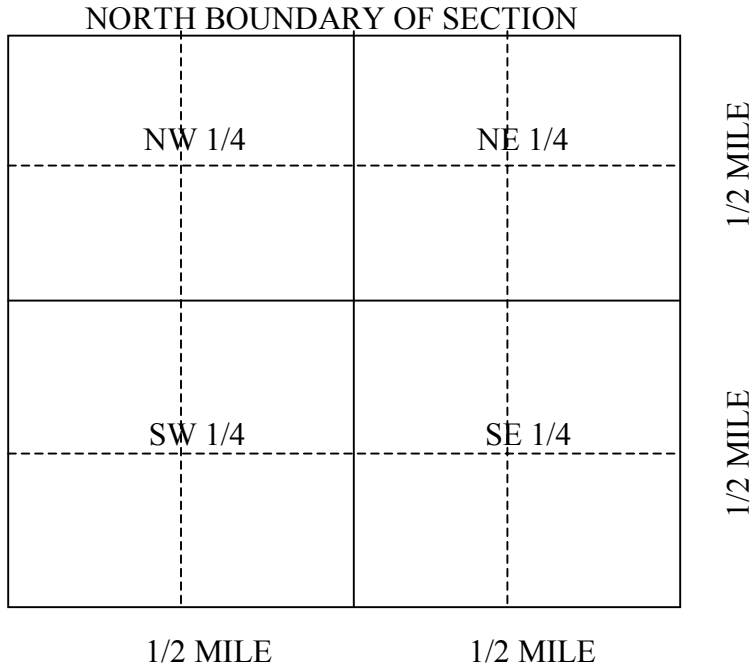
Date of Action: _____

Permit Number: _____

By: _____
(Name)

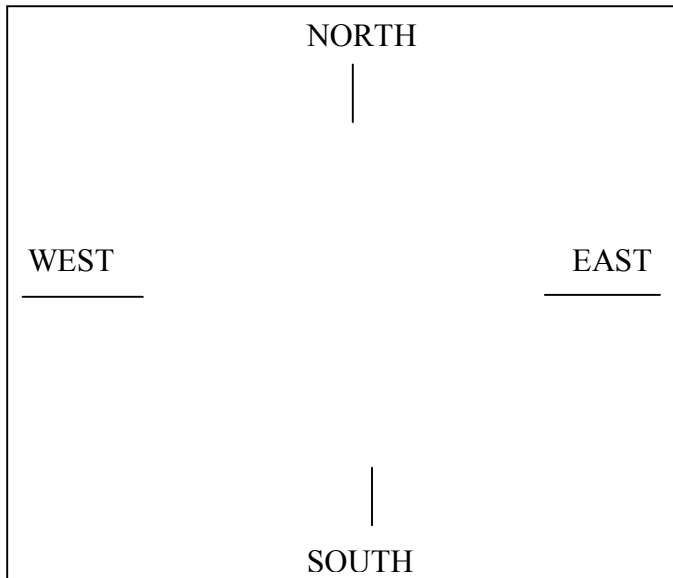
(Title)

WELL LOCATION SKETCH



Township _____ **N/S**
Range _____ **E/W**
Section No. _____

- A. Location of well in sectionized areas.**
 Sketch roads, railroads, streams, or other features as necessary.



- B. Location of well in areas not sectionized.**
 Sketch roads, railroads, streams, or other features as necessary. Indicate distances.