

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 MODIFY EXISTING WATER WELL

(1) APPLICANT:

Name _____
Address _____

(2) LOCATION OF PROPOSED 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) TYPE OF WORK:

Deepening () Modify Perforations () Increase Yield ()
Reconditioning () Other ()

(5) PROPOSED USE:

Municipal () Irrigation () Rotary ()
Domestic () Industrial () Cable ()
Water Quality Cleanup () Other ()

(6) DRILLING EQUIPMENT:

Rotary ()
Cable ()
Other ()

(7A) CASING INSTALLED (existing):

STEEL () PLASTIC ()
OTHER ()

From ft.		To ft.	Diam.	Gage or Wall	Gravel Packed: Yes () No ()	Size Packed	
From ft.	To ft.	Diam.	Gage or Wall	Diameter of Bore	From ft.	To ft.	

Size of shoe or well ring: _____
Describe joint _____

(7B) CASING INSTALLED (proposed):

STEEL () PLASTIC ()
OTHER ()

From ft.		To ft.	Diam.	Gage or Wall	Gravel Packed: Yes () No ()	Size Packed	
From ft.	To ft.	Diam.	Gage or Wall	Diameter of Bore	From ft.	To ft.	

Size of shoe or well ring: _____
Describe joint _____

(8A) PERFORATIONS OR SCREEN (existing):

Type of perforation or size of screen _____

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

(8B) PERFORATIONS OR SCREEN (proposed):

Type of perforation or size of screen _____

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

(9A) EXISTING 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 _____

(9B) PROPOSED CONSTRUCTION:

Will a surface sanitary seal be provided? Yes () No ()
To what depth? _____ ft.
Is any strata anticipated to be sealed against pollution? Yes () No ()
If yes, note depth of strata
from _____ ft. to _____ ft.
from _____ ft. to _____ ft.
Method of sealing _____

(10) WELL TESTS:

Was a pump test made? Yes () No () (If yes, attach most recent copy)
_____ gal. min. with _____ ft. drawdown after _____ hrs.
Temperature of water _____
Was a chemical analysis made? Yes () No ()
Was electric log made of well? Yes () No () (If yes, attach most recent copy)

(11) WELL LOG:

Total depth _____ ft. Depth of completed well _____ ft.
Formation: Describe by color, character, size of material and structure _____ ft. to _____ ft.
(Please attach copy of existing well log. If well log is not available, describe well lithology in space provided or on attached page.)

(12) HISTORIC WELL MODIFICATIONS:

(On an attached page, please provide a chronology of all historic well modifications which may have affected well yield or water quality.)

(13A) EXISTING WELL PUMP DATA:

A. Pump Type:
Electric () Natural Gas () Other ()
Propane () Diesel ()
B. Pump Performance:
Horsepower _____ (GPM)
Design Efficiency _____

(13B) PROPOSED WELL PUMP DATA:

A. Pump Type:
Electric () Natural Gas () Other ()
Propane () Diesel ()
B. Pump Performance:
Horsepower _____ (GPM)
Design Efficiency _____

(14) Please provide copy of County of Los Angeles permits and State Department of Water Resources Water Well Driller Reports and any other permits for modification of an existing well upon completion of modification of well.

(15) Please provide Watermaster with copies of all feasibility studies, alternative water supply sources, water quality studies or other reports which validate the Applicant's need to modify this well. Applicant must provide supporting data to show compliance with the requirements of Section 28 with particular reference to Section 28(e) of Watermaster's Rules and Regulations.

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 furnish the Watermaster a complete well log upon completion of well modification.

Submitted for Applicant by: _____

Signature: _____

Title: _____

Date: _____

Date Received by Watermaster: _____

Watermaster Action: _____

Approved () Denied ()

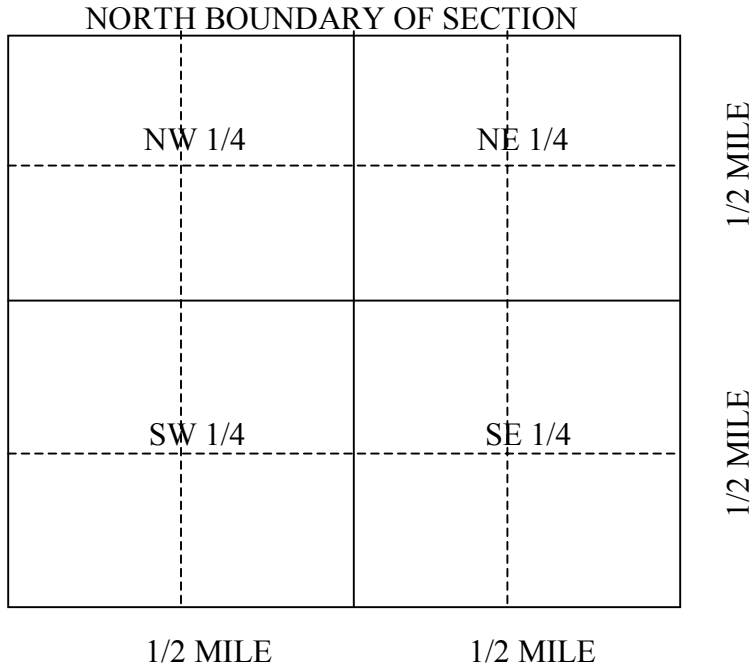
Date of Action: _____

Permit Number: _____

By: _____
(Name)

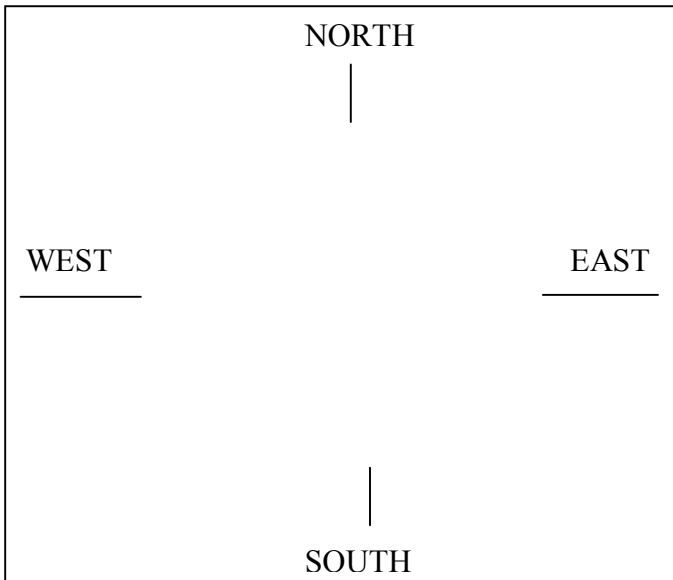
(Title)

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.