BUTTE COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

P. O. Box 5364
Chico, California 95927
(530) 891-2727

7 County Center Drive
Oroville, California 95965
(530) 538-7281

WELL COMPLIANCE CERTIFICATE

☐ Public Water Supply ☑ Individual Well ☐ Destruction

Owner Jim Barton Assessor's Parcel No. 027-020-035

Location 121 Summit Road City Oroville

Driller's Report Approved: ☑ (New Wells)

Driller's Log Received: ☑

Disinfection Report Received ☑

Satisfactory Final Inspection ☐

(when required)

E. H. S. Present for Sealing ☑ Yes ☐ No

Report No. 756377

☐ Destruction Report Approved

Date of Final Approval

RECEIVED
10/7/02

Comments Awaiting Final Inspection for pad

The well as installed meets the minimum requirements of the Butte County Code, Chapter 23B

Environmental Health Specialist eRenee Hendy Date 10-1-02

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Environmental Health Specialist Renee Hendy Date 10-1-02

P. O. Box 5364
411 Main Street
Chico, CA 95927
(916) 891-2727
FAX (916) 895-6512

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

7 County Center Drive
Oroville, CA 95965
(916) 538-7281
FAX (916) 538-2140

AUG 20 2002

7 County Center Drive
Oroville CA

APPLICATION AND PERMIT TO CONSTRUCT A SMALL DIAMETER WELL
WITH A CASING DIAMETER OF EIGHT (8) INCHES OR LESS OR A CHAPTER 23B- 5c EXEMPT WELL

Application for : Small Diameter Domestic Well ☐ Repair or Deepening With Same Pump Capacity ☐ Replacement Well With Same Pump Capacity Within 100 ft. of Destroyed Well ☐ Frost Protection ☐ Fire Suppression ☐ Monitoring Well ☐ Public Water Supply Well ☐ Destruction ☐ Other _____

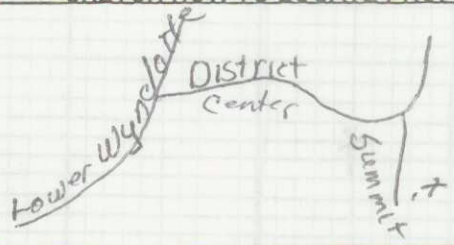
Owner Name: Jim Barton — Assessor Parcel No 027-020-035

Applicant Name: DAVID & SON DRILLING CO. — Telephone No. (916) 589-3914

Applicant Mailing Address: P. O. Box 1029, Oroville, CA — Zip 95965

Site Location: 121 Summit Rd — T.R.S. — Zone

SKETCH HOW TO LOCATE PROPERTY



WELL INFORMATION

Proposed Depth	200
Diameter Casing	6"
Type Construction	Air Rotary

Well Driller DAVID & SON DRILLING CO.

LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class C-57 Lic. No. 425609

Date _____ Contractor David & Son

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued

☒ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier State Comp.

Policy Number 1092144 - Cert. on file

(The above sections need not be completed if the permit is for work of a valuation of one hundred dollars ($100) or less).

☐ 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 workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

X David K. Moench Date 8-19-2002

Signature of Applicant ☐ Owner ☐ Contractor ☐ Agent

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS ($100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEYS FEES.

PERMIT
(EXPIRES ONE (1) YEAR FROM DATE ISSUED)

Fee Received	$210
Receipt No.	354672
Date Issued	8/23/02
Approved By	Renee Hendry

Special Conditions:

Keep well 100' from leach lines.

CW 8-23-02

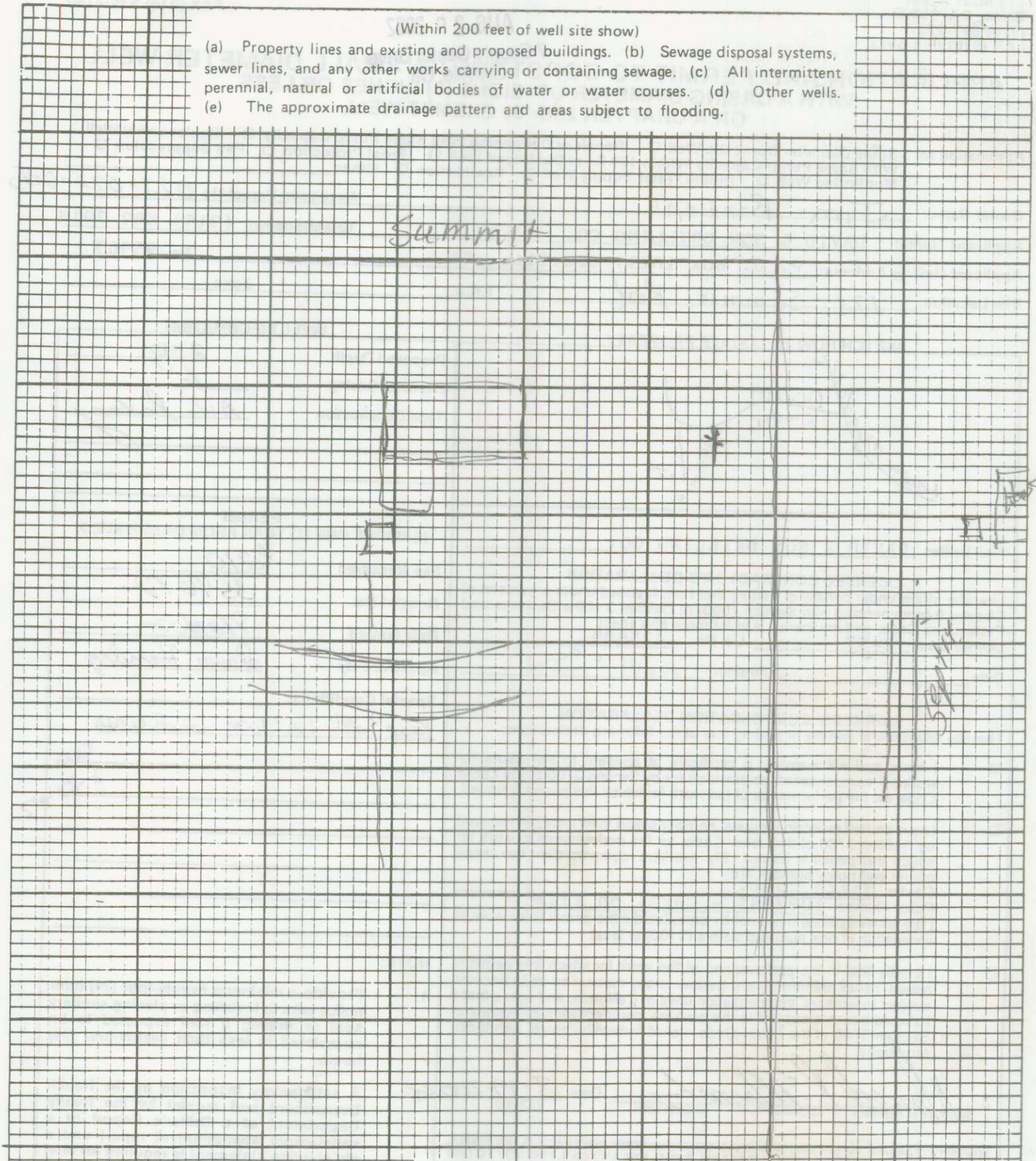
NOTE:

1. Provide a minimum twenty-four (24) hour notice prior to installing or placing sanitary seal or drilling a well expected to be completed in less than twenty-four (24) hours.

2. A satisfactory inspection by the Health Department and receipt by the Health Department of a Driller's Report or a satisfactory abandonment report and a disinfection statement is required for final approval of work.

(Within 200 feet of well site show)

(a) Property lines and existing and proposed buildings. (b) Sewage disposal systems, sewer lines, and any other works carrying or containing sewage. (c) All intermittent perennial, natural or artificial bodies of water or water courses. (d) Other wells. (e) The approximate drainage pattern and areas subject to flooding.



SCALE 1 in. = 60 ft.

NOTE: (1) To facilitate issuance of your well permit, please stake and flag the proposed well location on the site.

(2) Review of this plot plan for well location does not imply that a sewage system will be approved for any proposed construction.

WELL SEAL POUR INSPECTION REQUEST

AP# ____________________ WELL SEAL # 01195

OWNER Barton

DRILLER David & Son

LOCATION Summit Rd.

DATE/TIME READY 9/3/02 2:00

DATE/TIME CALLED 9/3/02 8:06

WHO CALLED David 1 Bag Ben Seal

COMMENTS ~~Cancelled~~ ~~||||~~ ½ Buckets Benseal

buckets Water |||

Assessor's Parcel Number 027-020-035

7 County Center Drive
Oroville, CA 95965
(530) 538-7281

BUTTE COUNTY ENVIRONMENTAL HEALTH

Note: *THE WELL DRILLER IS TO FILL OUT AND SIGN THE ATTACHED* WELL DRILLER'S REPORT, ONE COPY OF WHICH MUST BE RETURNED TO THE ENVIRONMENTAL HEALTH DEPARTMENT AFTER THE WELL IS DRILLED. A STATEMENT OF DISINFECTION IS ALSO TO BE SENT TO THE ENVIRONMENTAL HEALTH DEPARTMENT IN ORDER TO FINAL THE WELL PERMIT. SEE ATTACHED SHEET FOR INSTRUCTION.

DAVID & SON DRILLING COMPANY
(Name of person who performed disinfection)

The disinfection of the well was performed by me, or under my direction at:

Address:

Jim Barton
146 District Center Drive
Oroville, CA 95966

Using one pint of household chlorine bleach or 3 oz. of chlorinated lime per 100 gallons of water as set forth on the form S-64-1066 entitled **WELL DISINFECTION** supplied by the Butte County Environmental Health Department.

David R. Mauck
(Signature)

Environmental Health
OCT 0 1 2002
7 County Center Drive
Oroville, Ca

09/09/2002
(Date)

WELL PERMIT REVIEW

Date 8/20/02 REHS CW Owner Barton, Jim APN 27-020-035

New ____ Destr ____ Repair ____ Soil Borings ____

	N/A	Required	Pending	Completed
Legal Parcel (Sent)				
Acceptable S.D. Site				
VOC Concern Area				
Water Sample				
Flood Zone				
Preliminary Site Inspection				
Application Complete				
Designated Well Site				
Pump Test				
Deep Seal Area/Depth				
Work Plan				
Letter of Authorization				
Clear Space Easement				
Water District Clearance				
Neighbor's Letters				

Date	Time Spent	Service of Comments
8/20/02	10 min	Set up
8-21-02	90 MN	Performed site visit. Could not find well site. There are septic systems behind house and adjacent neighbors houses. Well would have to be placed very carefully to avoid being too close to septic systems. Area appears to be served by OWID. - RH
8-22-02		CW site visit - all lots - well can be w/in 50' of leach lines Site chosen is 100' from leach lines.