

**WELL PERMIT APPLICATION - NON PRODUCTION WELLS**

DRINKING WATER PROGRAM - ENVIRONMENTAL HEALTH DIVISION  
 5050 COMMERCE DRIVE, BALDWIN PARK, CA 91706 TELE (626) 430-5420 FAX (626) 813-3016

DATE 7/14/2010

NEW WELL CONSTRUCTION     RECONSTRUCTION OR RENOVATION     DECOMMISSIONING     OTHER: \_\_\_\_\_  
 MONITORING     CATHODIC     INJECTION     EXTRACTION     HEAT EXCHANGE  
 HYDROPLUNCH     C.P.T. (For Ground Water Sampling)     OTHER: \_\_\_\_\_

**WELL LOCATION**

Site Address 9315 CIVIC CENTER DRIVE City BEVERLY HILLS Zip Code 90210  
 Nearest Intersection N. DOHENY DR & SANTA MONICA BLVD. Thomas Guide Map Book Page/Grid 582 G-7 / 532 G-1 Number of Wells in Each Parcel 1 EA / SEE ATTACHED

**WELL STRUCTURE**

Total Depth of Well 61' bgs & 49' bgs Depth of Well Casing 60.0' bgs & 47.5' bgs Sanitary / Annular Sealing Material Bentonite / Grout  
 Depth of Sanitary / Annular Seal 40.5' bgs & 29' bgs Conductor Casing Seal N/A

**OWNER INFORMATION**

Owner's Name JAMES DIEL Telephone Number (916) 789-5164  
 Address ROSEVILLE City CA Zip Code 95747

**DRILLER INFORMATION**

Driller's Name GREGG DRILLING Telephone Number (562) 427-6889 C-57 License Number 485106  
 Address 2720 WALNUT AVE City SIGNAL HILL CA Zip Code 90765

**WELL DECOMMISSIONING INFORMATION**

Well Depth Log/records Method of Well Assessment \_\_\_\_\_ Depth and Number of Perforations \_\_\_\_\_  
 Type and Amount of Sealant \_\_\_\_\_ Type of Perforator \_\_\_\_\_ Size of Perforations \_\_\_\_\_ Method of Upper Seal Pressure Application \_\_\_\_\_

**CONSULTANT INFORMATION**

Company CH2M HILL  
 Address 50 WEST LIBERTY STREET, SUITE 205 City RENO State NV Zip Code 89501  
 Project Manager JULIANA HARRIS Telephone Number 775-329-7300 x Fax Number 775-329-9162

**ATTENTION: WORK PLAN MODIFICATIONS MAY BE REQUIRED IF WELL AND GEOLOGIC CONDITIONS ENCOUNTERED AT THE SITE INSPECTION ARE FOUND TO DIFFER FROM THE SCOPE OF WORK PRESENTED TO THIS DEPARTMENT.**

I hereby agree to comply in every respect with all the regulations of the County Environmental Health Division and with all ordinances and laws of the County of Los Angeles and the State of California pertaining to well construction, reconstruction, and decommissioning data deemed necessary by the County Environmental Health Division Of Los Angeles County.

Signature of Applicant: [Signature] Printed Name: James E. Diel

**THIS PERMIT IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING REQUIREMENTS ARE SIGNED OFF BY THE DEPUTY HEALTH OFFICER. WELL CONSTRUCTION OR DECOMMISSIONING CANNOT BE INITIATED WITHOUT A WORK PLAN APPROVAL FROM THIS DEPARTMENT.**

\*\*\*\*\* (DEPARTMENT USE ONLY) \*\*\*\*\*

<b>WORK PLAN APPROVAL</b> This Approval is Valid for 180 Days.	REHS <u>Arnoldo Juarez</u> DATE <u>8/13/10</u>
Conditions: <u>On 7/27/10 \$ 402.00 was paid for permit # 890647 to abandon (2) wells. Follow work plan submitted and observe the setbacks. Please call Michelle Tsebos 48 hrs. prior to start field work for inspection at (213) 351-5145 or</u>	
<b>FINAL INSPECTION</b> The placement of the annular seal must be witnessed by a Deputy Health Officer for the permit to be valid. Contact this Department to arrange for an appointment	REHS <u>M. Tsebos @ ph.lacounty.gov</u> DATE <u>8/17/10</u>

**NOTICE**  
 This well permit approval is limited to compliance with the California Well Standards and the Los Angeles County Code and does not grant any rights to construct, reconstruct, or decommission any well. The applicant is responsible for securing all other necessary permits.

faxed 8/3/10