

**DO NOT FILL IN**

Permit Number 2011040181

Record ID WP 7160

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

**DO NOT FILL IN**

Date 4-9-11

Amount \$ 2959

Check # 00011818

Receipt Number 92291

Paid by gld

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

2. WELL DRILLER: Gregg Drilling

*Business Name*

4/18/2011 4/29/2011

*Start Date* *Completion Date*

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

4. TYPE OF WORK (check):

☒ New ☐ Reconstruction ☐ Destruction

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 1

Proposed 50 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	50	2	Sch. 40 (.154")

Gravel Pack: ☐ Yes ☐ No

From 10 to 50 ft.

8. PERFORATIONS (if applicable):

From 40 to 50 ft.

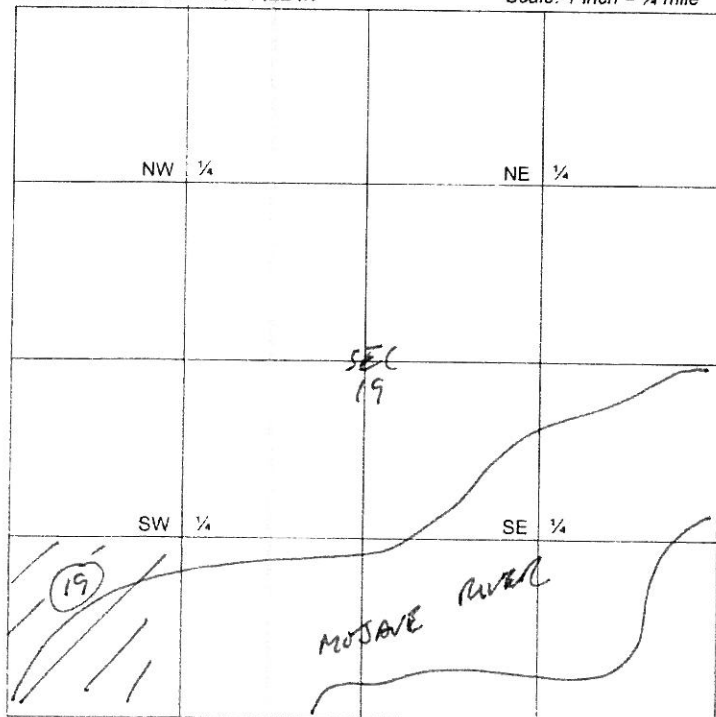
Pumping rate (gpm) \_\_\_\_\_

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
 Tier 10 (N/S Range 4 (E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° , 55 ' , 35.08 " N/S N  
 Long: 116 ° , 38 ' , 18.37 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

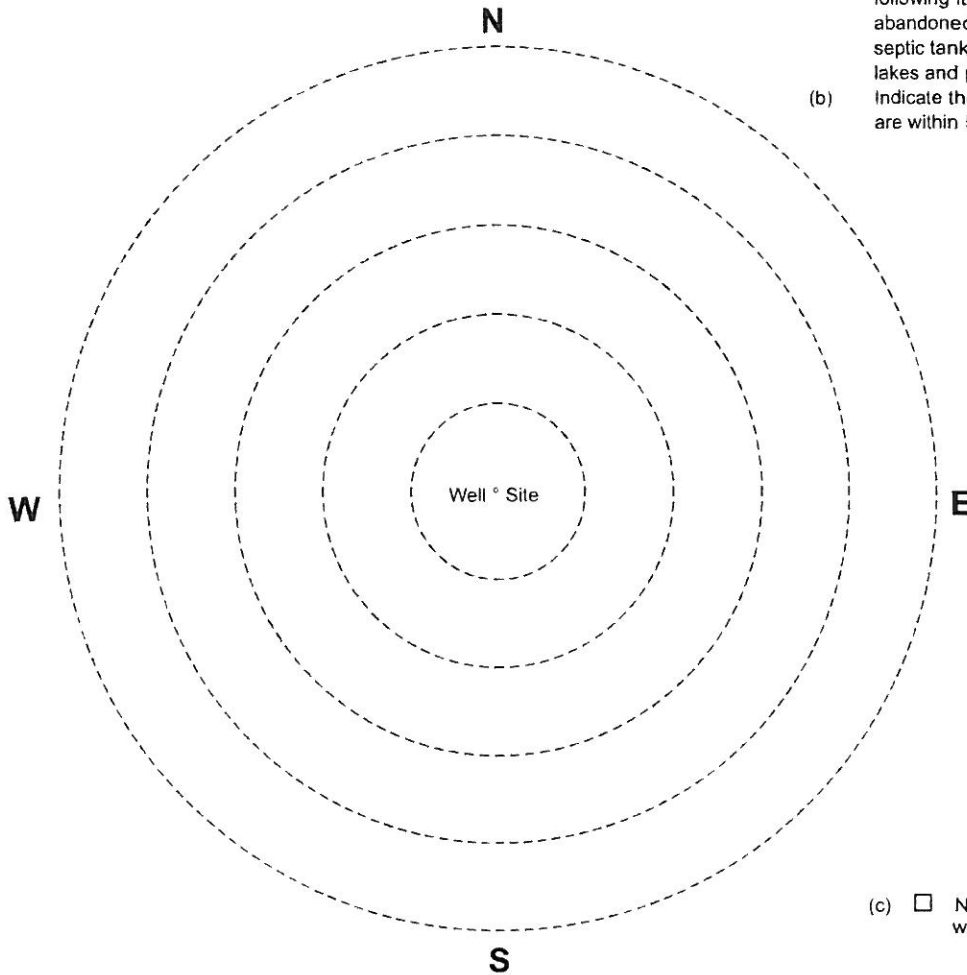
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____ ✓
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature \_\_\_\_\_

Date 4-1-11

County Registration No. 108

California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
- ☒ After installation of the surface protective slab and pumping equipment.
- ☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040182

Record ID WP 7161

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbccounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

SR 48953

**DO NOT FILL IN**

Date 4/18/11

Amount \$ 2959

Check # 1828

Receipt Number 97291

Paid by CLD

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 2

Proposed 40 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

2. WELL DRILLER: Gregg Drilling

4/18/2011 4/29/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	40	2	Sch. 40 (.154")

Gravel Pack: ☐ Yes ☐ No

From 10 to 40 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 30 to 40 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

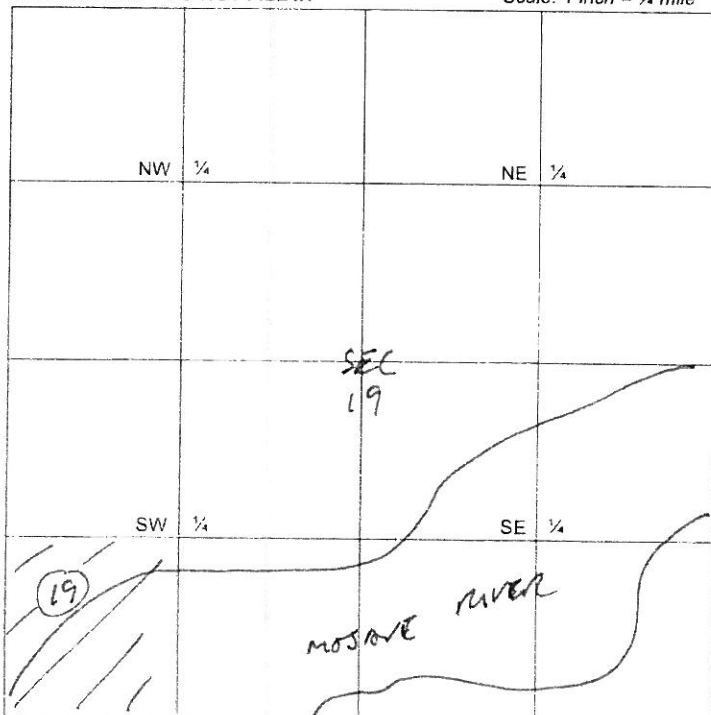
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



10. LOCATION INFORMATION

(a) TOWNSHIP:  
 Tier 10 (N/S Range 4 (E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° 55 ' 53.21 " N/S N  
 Long: 116 ° 38 ' 1.45 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

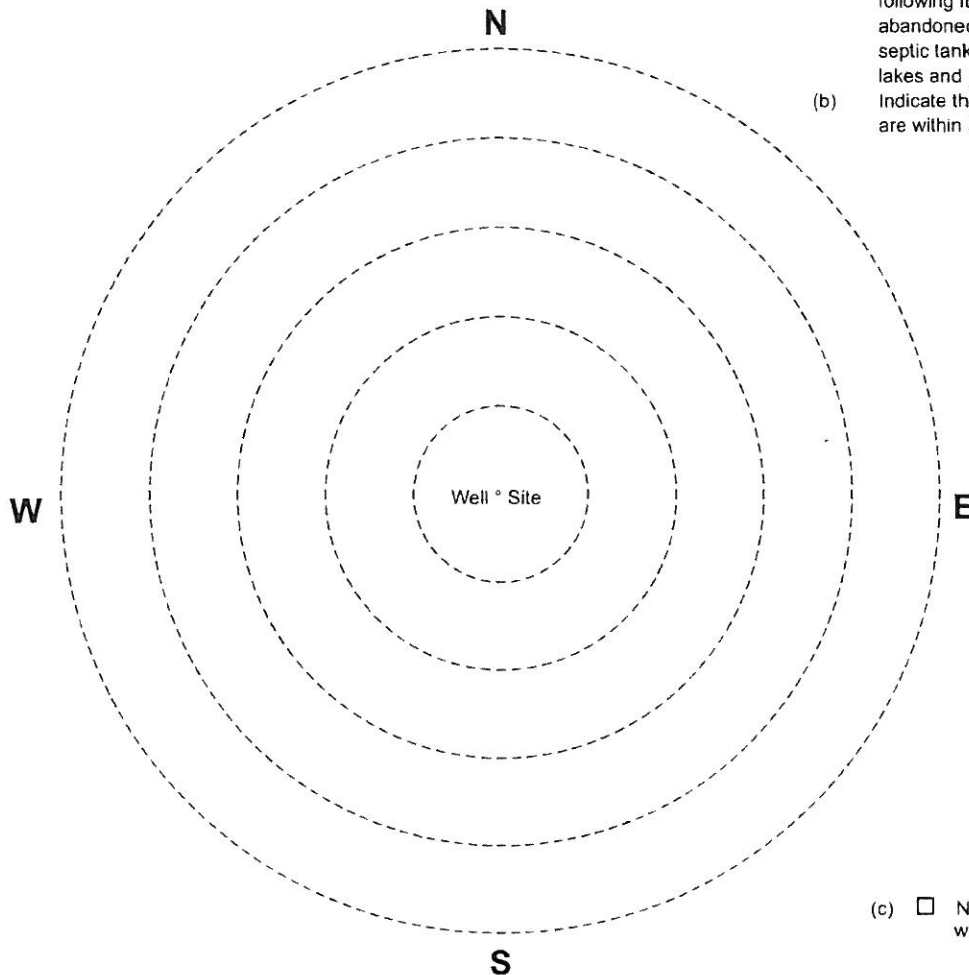
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____ ✓
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-1-11  
County Registration No. 108 California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, \_\_\_\_\_ Safe Drinking Water Program, (909) 387-4666, \_\_\_\_\_, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab ~~and pumping equipment~~.  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_



**DO NOT FILL IN**

Permit Number 2011040183

Record ID WP 7162

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 2459

Check # 1828

Receipt Number 92791

Paid by gms

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 3

Proposed 40 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

2. WELL DRILLER: Gregg Drilling

4/18/2011 4/29/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	40	2	Sch. 40 (.154")

Gravel Pack: ☐ Yes ☐ No

From 10 to 40 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 30 to 40 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

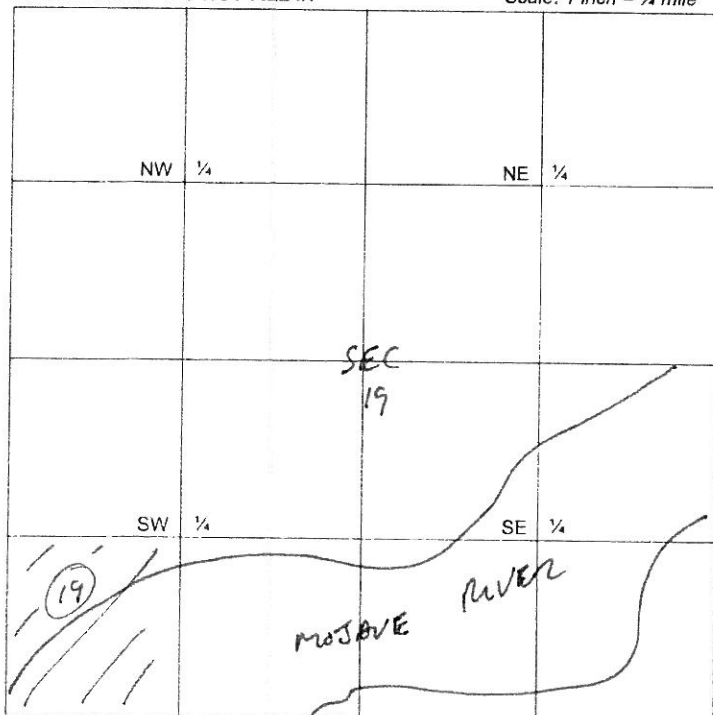
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
 Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 °, 56 ', 7.41 " N/SN  
 Long: 116 °, 37 ', 45.51 " N/SW

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

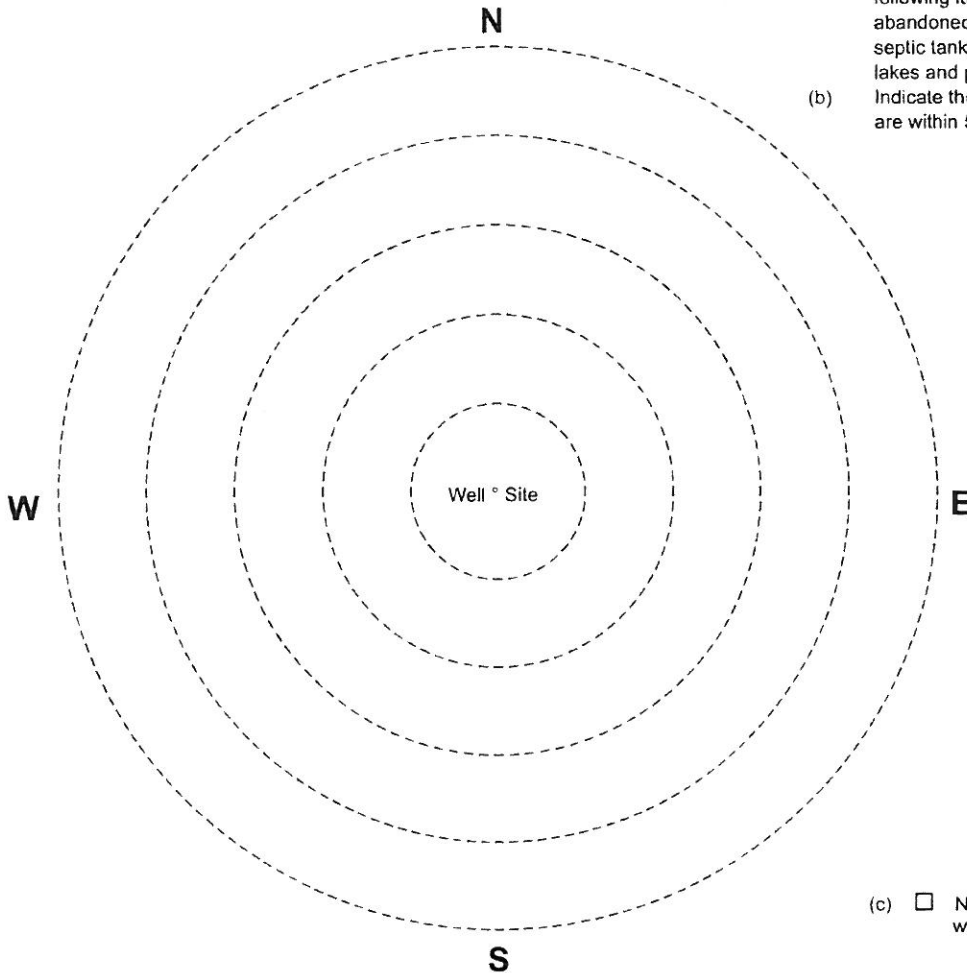
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____✓_____
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-1-11  
County Registration No. 108 California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab and ~~pumping equipment~~.  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis | <input type="checkbox"/> General Physical |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |   |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040184

Record ID WP 7163

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES  
385 N. Arrowhead Ave., 2nd Floor  
San Bernardino, CA 92415-0160  
(909) 884-4056  
www.sbcounty.gov/dehs

**WELL PERMIT**  
(Please Print)

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 1959

Check # 1878

Receipt Number 42291

Paid by 1230

City Code 1

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

2. WELL DRILLER: Gregg Drilling

*Business Name*

4/18/2011 4/29/2011

*Start Date* *Completion Date*

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

4. TYPE OF WORK (check):

☒ New ☐ Reconstruction ☐ Destruction

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 4

Proposed 40 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
<u>0</u>	<u>40</u>	<u>2</u>	Sch. 40 (.154")

Gravel Pack: ☐ Yes ☐ No

From 10 to 40 ft.

8. PERFORATIONS (if applicable):

From 30 to 40 ft.

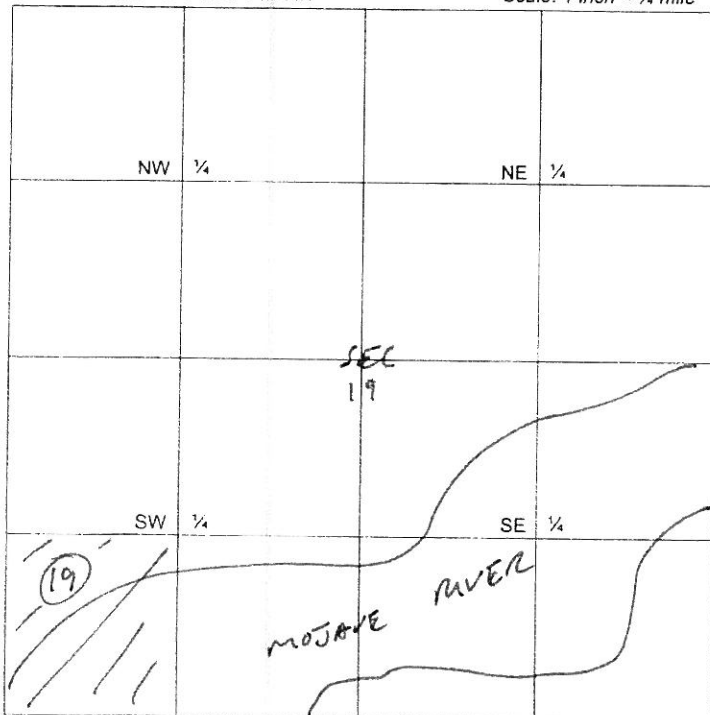
Pumping rate (gpm) \_\_\_\_\_

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = ¼ mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
Lat: 34 ° 56 ' 14.32 " N/SN  
Long: 116 ° 37 ' 23.63 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

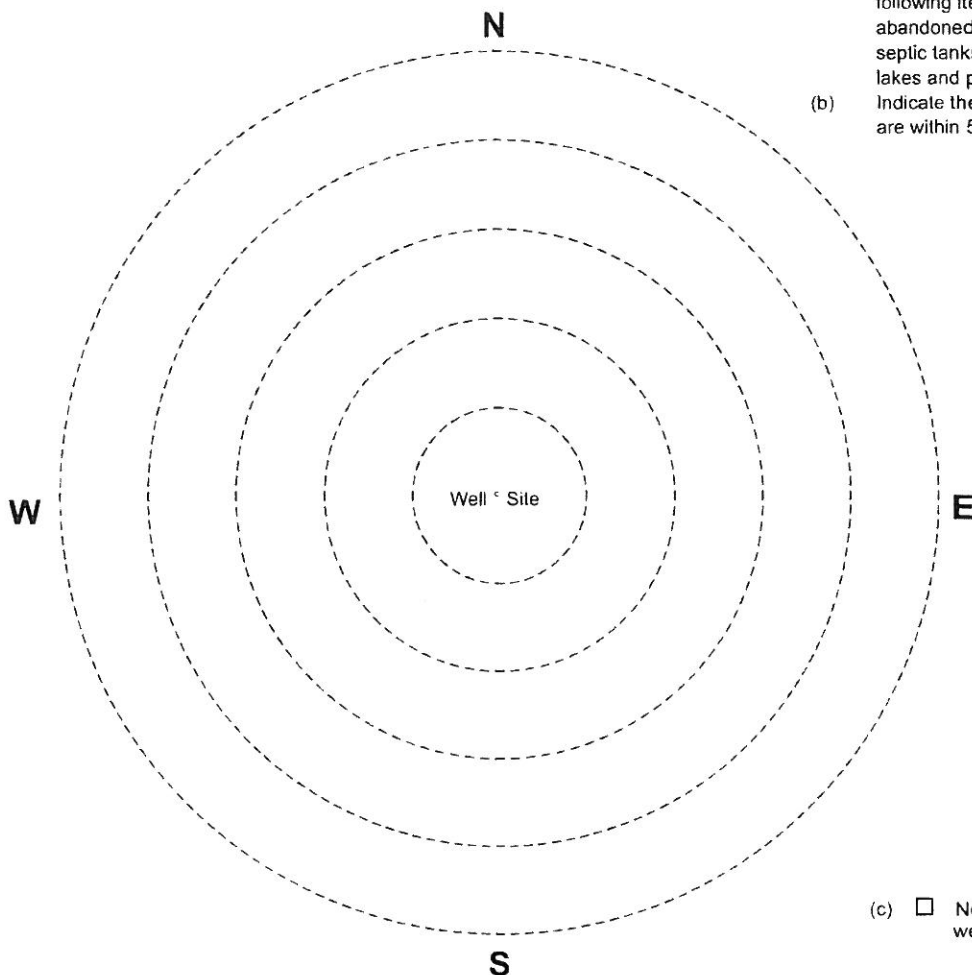
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____ ✓
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-1-11

County Registration No. 108 California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
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- ☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040155

Record ID WP 7164

Expiration 11-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES  
385 N. Arrowhead Ave., 2nd Floor  
San Bernardino, CA 92415-0160  
(909) 884-4056  
www.sbcounty.gov/dehs

**WELL PERMIT**  
(Please Print)

SR 48953

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 2959

Check # 1828

Receipt Number 92291

Paid by 6040

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 5

Proposed 30 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

2. WELL DRILLER: Gregg Drilling

Business Name

4/18/2011 4/29/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	30	2	Sch. 40 (.154")

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

Gravel Pack: ☐ Yes ☐ No

From 10 to 30 ft.

8. PERFORATIONS (if applicable):

From 20 to 30 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

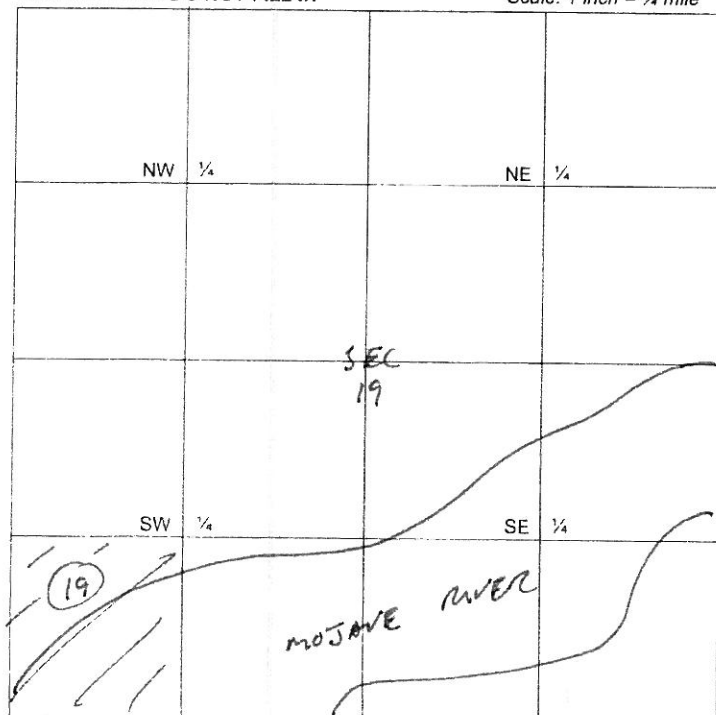
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:

Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude

Lat: 34 °, 56 ', 16.36 " N/SN

Long: 116 °, 37 ', 1.98 " N/SW

(d) Solid or Liquid Disposal Site within Two Miles

☐ Yes ☒ No

Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

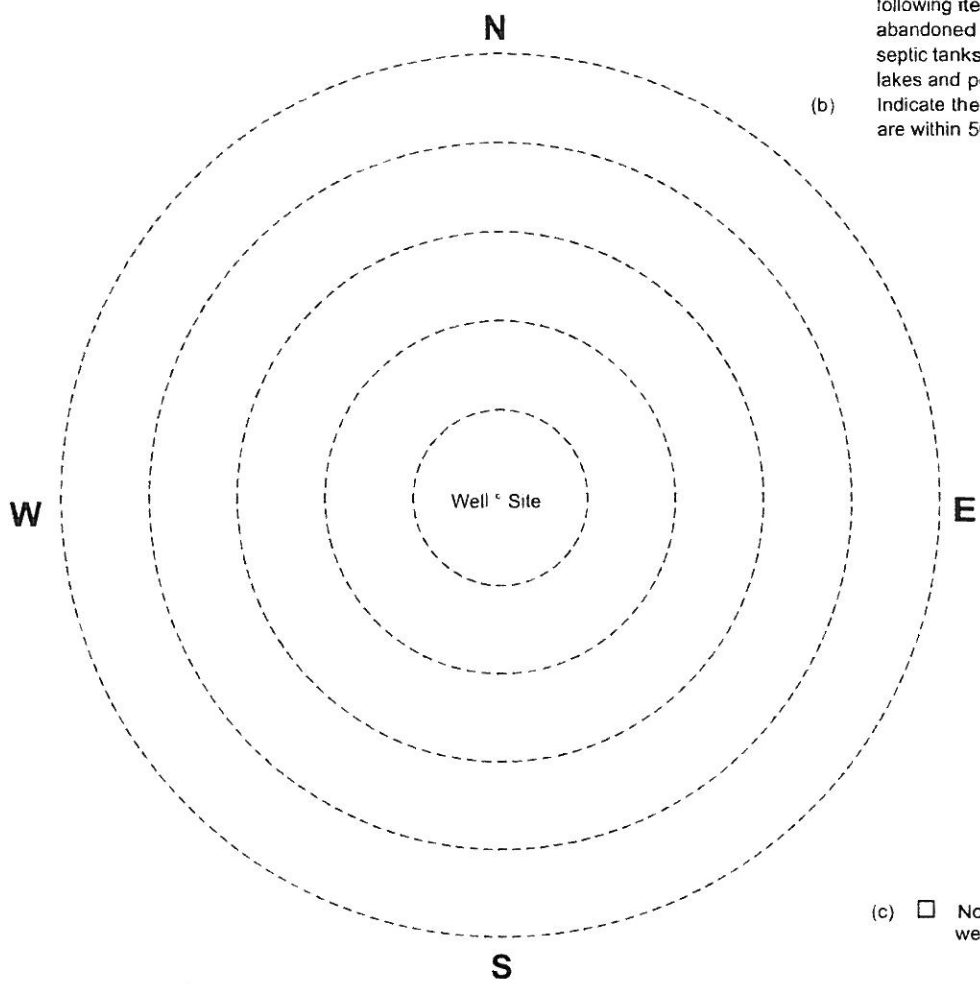
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



- Other \_\_\_\_\_
- Sewers \_\_\_\_\_
- Septic tanks \_\_\_\_\_
- Leaching fields \_\_\_\_\_
- Seepage pits \_\_\_\_\_
- Cesspools \_\_\_\_\_
- Lakes and ponds \_\_\_\_\_
- Watercourses ☒ \_\_\_\_\_
- Animal or fowl kept \_\_\_\_\_

(c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-1-11

County Registration No. 108 California License No. 485165

DISPOSITION OF PERMIT  
(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

- A. ☒ Notify the Department, Safe Drinking Water Program. (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:
- ☐ Prior to sealing of the annular space or filling of the conductor casing.
  - ☒ After installation of the surface protective slab ~~and pumping equipment~~.
  - ☐ During destruction of wells, prior to pouring the sealing material.
- B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:
- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 201040186

Record ID WP 7165

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES  
385 N. Arrowhead Ave., 2nd Floor  
San Bernardino, CA 92415-0160  
(909) 884-4056  
www.sbcounty.gov/dehs

**WELL PERMIT**  
(Please Print)

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 2959

Check # 1878

Receipt Number 52791

Paid by (signature)

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 6

Proposed 30 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

2. WELL DRILLER: Gregg Drilling

Business Name

4/18/2011 4/29/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
<u>0</u>	<u>30</u>	<u>2</u>	<u>Sch. 40 (.154")</u>

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

Gravel Pack: ☐ Yes ☐ No

From 10 to 30 ft.

8. PERFORATIONS (if applicable):

From 20 to 30 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

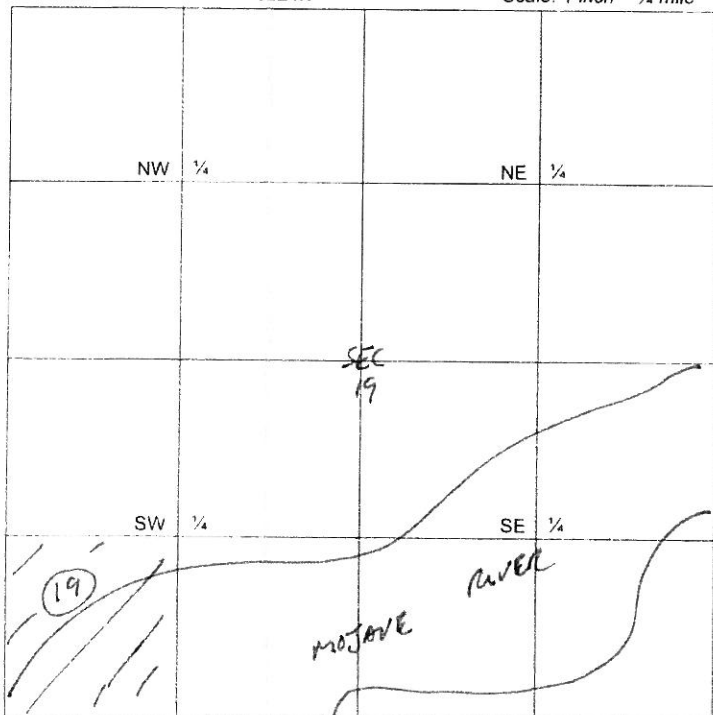
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
Lat: 34 °, 56 ', 15.43 " N/S N  
Long: 116 °, 36 ', 42.36 " W/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

Tag \_\_\_\_\_

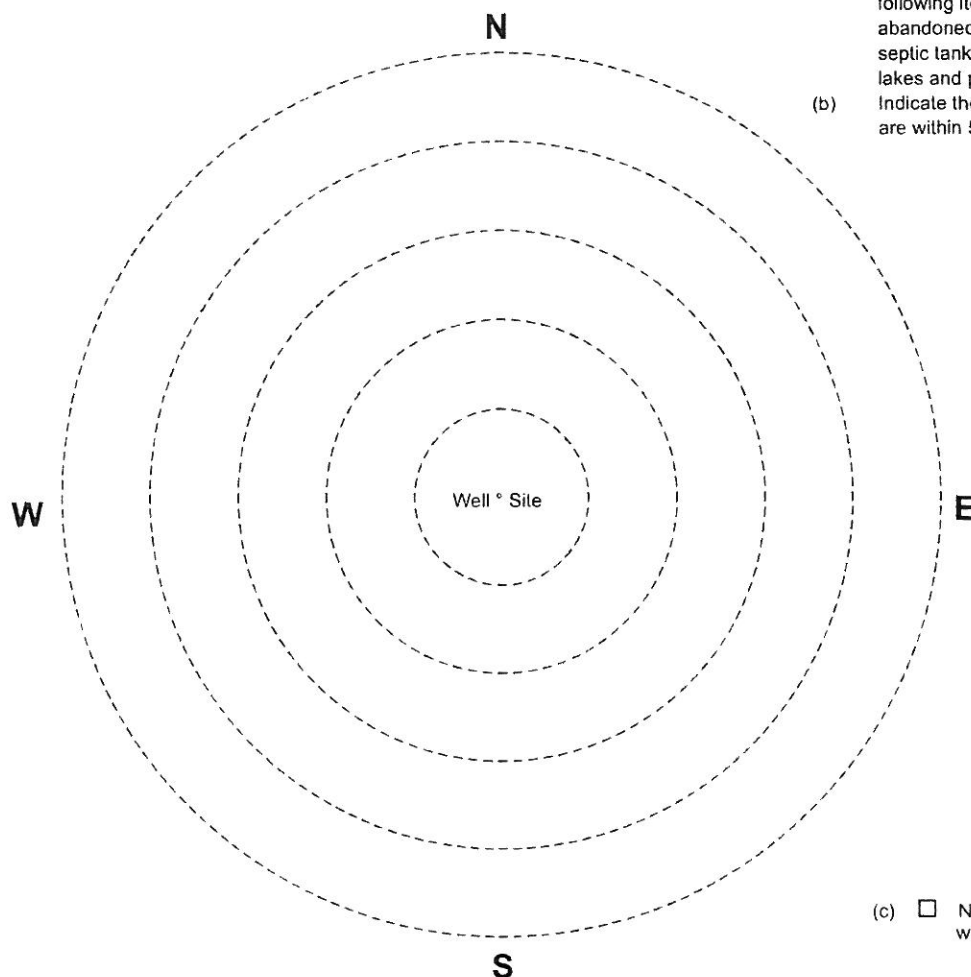
Building & Safety Notified \_\_\_\_\_



Assessor's Parcel No. 0541 01119

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____✓_____
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature]

Date 4-11-11

County Registration No. 108

California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
- ☒ After installation of the surface protective slab ~~and pumping equipment~~.
- ☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040187

Record ID WSP 7166

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

SR 48953

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 2959

Check # 1828

Receipt Number 92291

Paid by WSP

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

2. WELL DRILLER: Gregg Drilling

*Business Name*

4/18/2011 4/29/2011

*Start Date* *Completion Date*

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

4. TYPE OF WORK (check):

☒ New ☐ Reconstruction ☐ Destruction

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 7

Proposed 25 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
<u>0</u>	<u>25</u>	<u>2</u>	Sch. 40 (.154")

Gravel Pack: ☐ Yes ☐ No

From 10 to 25 ft.

8. PERFORATIONS (if applicable):

From 15 to 25 ft.

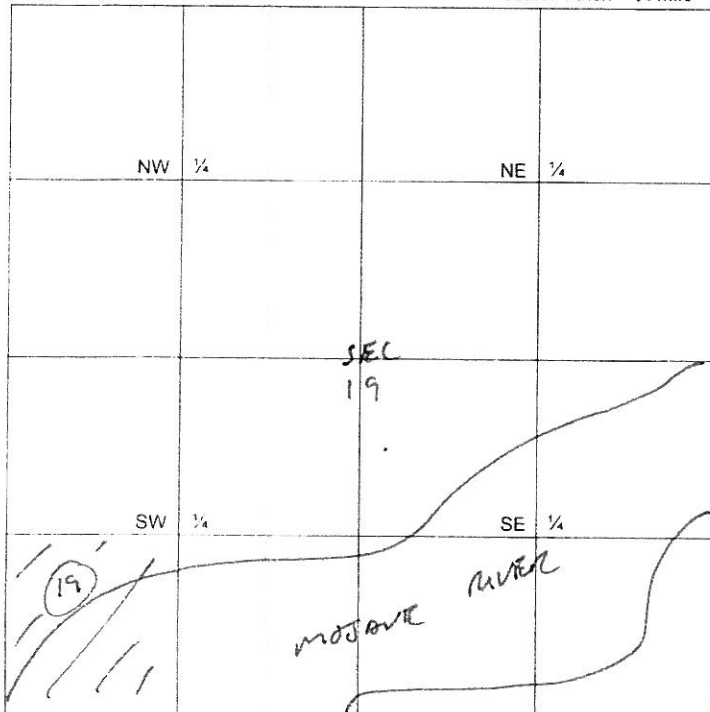
Pumping rate (gpm) \_\_\_\_\_

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
 Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° 56 ' 18.13 " N/S N  
 Long: 116 ° 36 ' 24.76 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

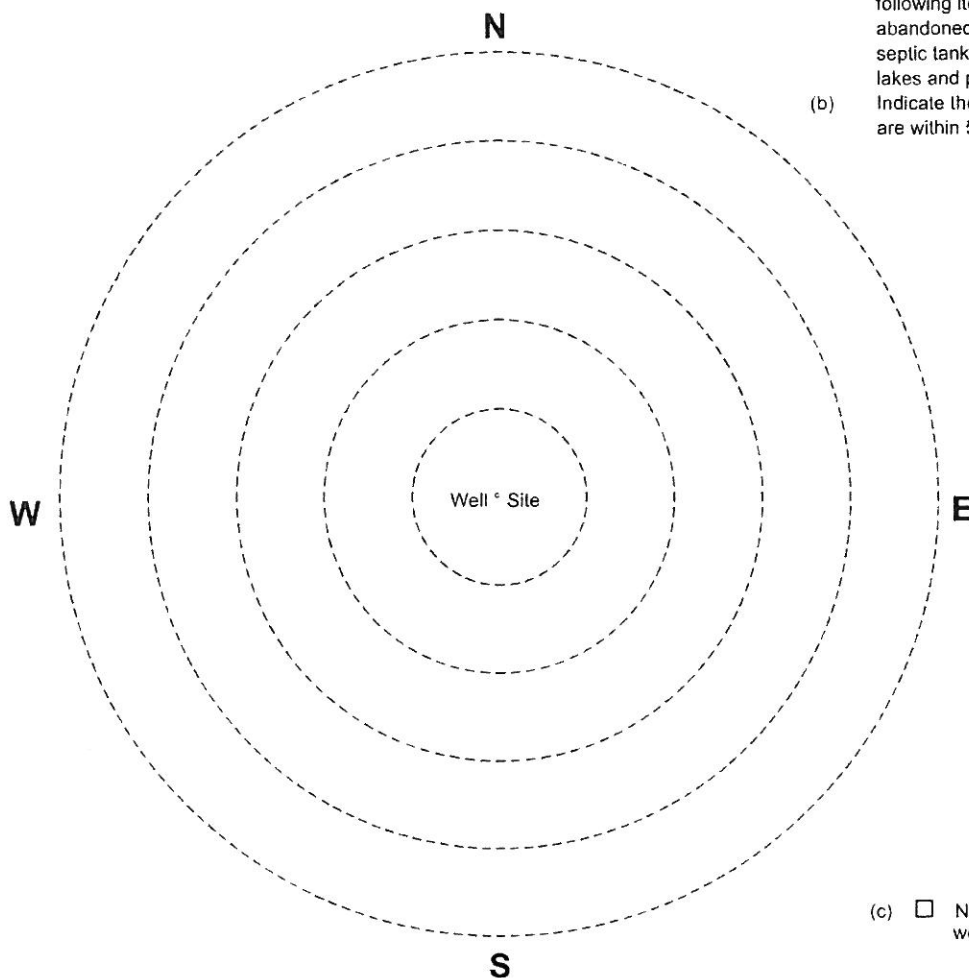
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____✓_____
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/8 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-11-11  
County Registration No. 108 California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab ~~and pumping equipment~~.  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis | <input type="checkbox"/> General Physical |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |   |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 201040188

Record ID WP 7167

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES  
385 N. Arrowhead Ave., 2nd Floor  
San Bernardino, CA 92415-0160  
(909) 884-4056  
www.sbcounty.gov/dehs

**WELL PERMIT**  
(Please Print)

SC 48753

**DO NOT FILL IN**

Date 9-5-11

Amount \$ 2450

Check # 1828

Receipt Number 92291

Paid by [Signature]

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

2. WELL DRILLER: Gregg Drilling

4/18/2011 4/29/2011

Start Date Completion Date

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

4. TYPE OF WORK (check):

☒ New ☐ Reconstruction ☐ Destruction

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in

6. DEPTH OF WELL (feet): Piezometer 8

Proposed 25 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	25	2	Sch. 40 (.154")

Gravel Pack: ☐ Yes ☐ No

From 10 to 25 ft.

8. PERFORATIONS (if applicable):

From 15 to 25 ft

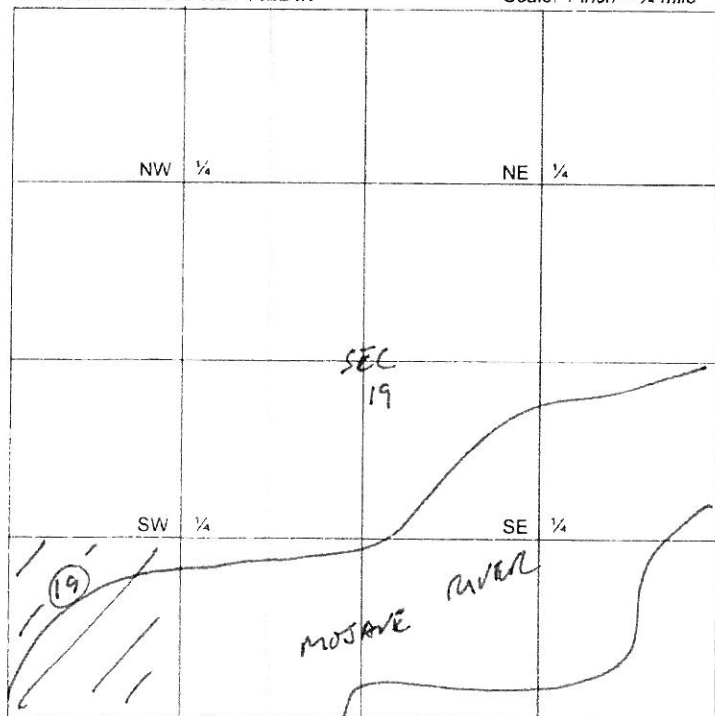
Pumping rate (gpm) \_\_\_\_\_

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



10. LOCATION INFORMATION

(a) TOWNSHIP:  
Tier 10 NS Range 4 EW Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
Lat: 34 ° 56 ' 19.92 " NS N  
Long. 116 ° 36 ' 6.46 " NS W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

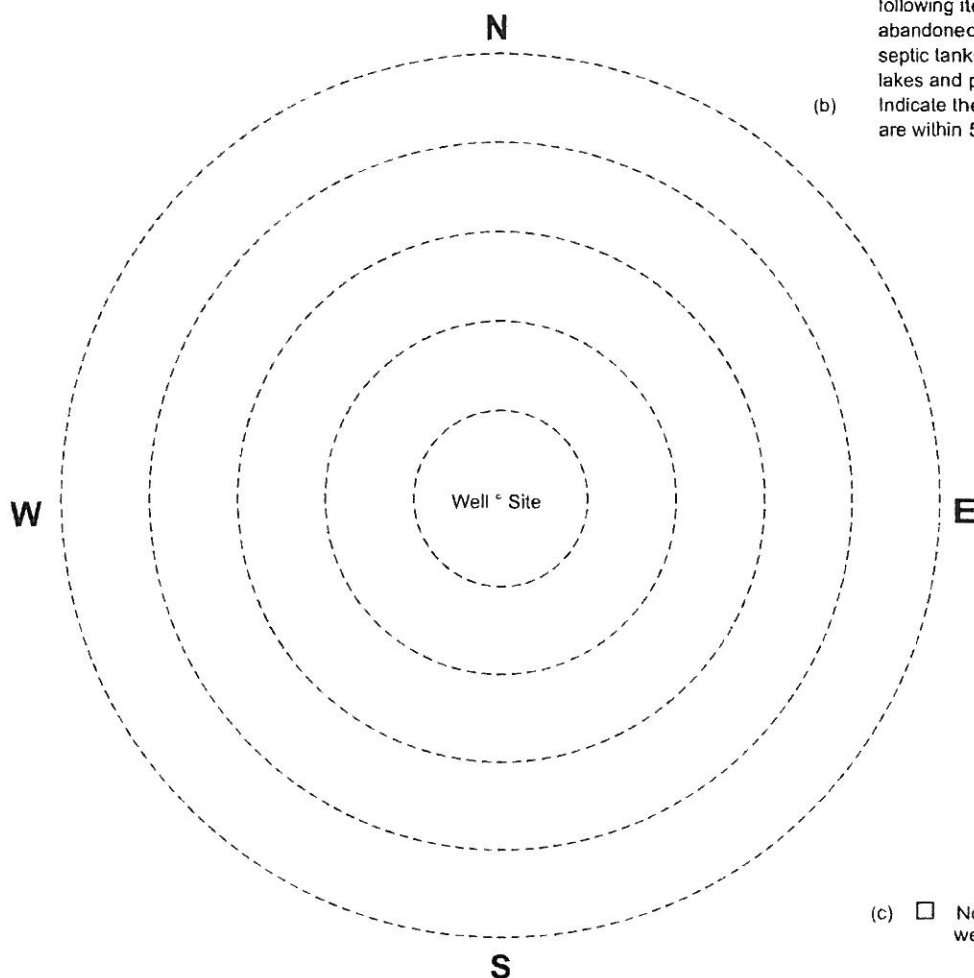
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____✓_____
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/4 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-1-11  
County Registration No. 108 California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab and pumping equipment.  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis | <input type="checkbox"/> General Physical |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |   |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 201040189

Record ID WP 7168

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

SR 48953

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 2959

Check # 1828

Receipt Number 92291

Paid by GYP

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

2. WELL DRILLER: Gregg Drilling

4/18/2011 4/29/2011

Start Date Completion Date

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

4. TYPE OF WORK (check):

☒ New ☐ Reconstruction ☐ Destruction

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 10 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Group Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 9

Proposed 25 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
<u>0</u>	<u>25</u>	<u>2</u>	<u>Sch. 40 (.154")</u>

Gravel Pack: ☐ Yes ☐ No

From 10 to 25 ft.

8. PERFORATIONS (if applicable):

From 15 to 25 ft.

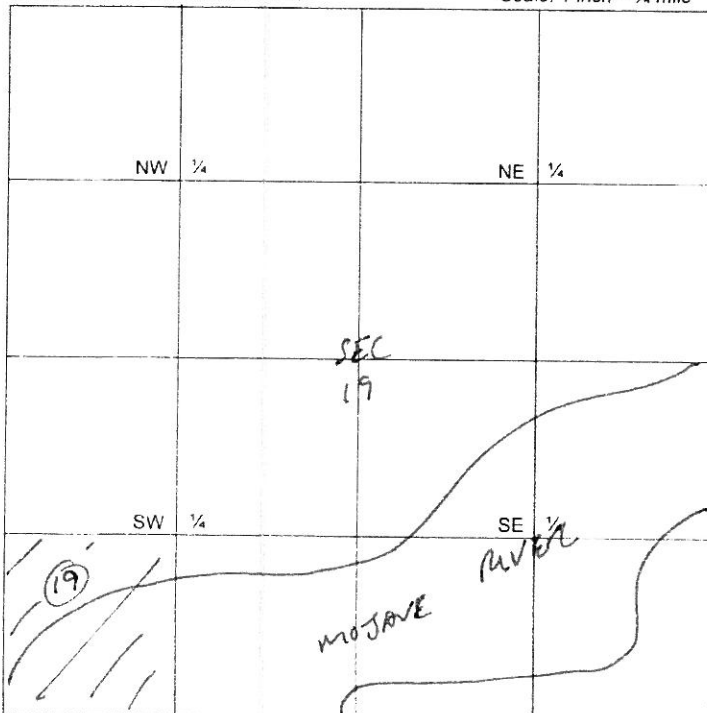
Pumping rate (gpm) \_\_\_\_\_

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
 Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° , 56 ' , 27.91 " N/S N  
 Long: 116 ° , 35 ' , 47.22 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

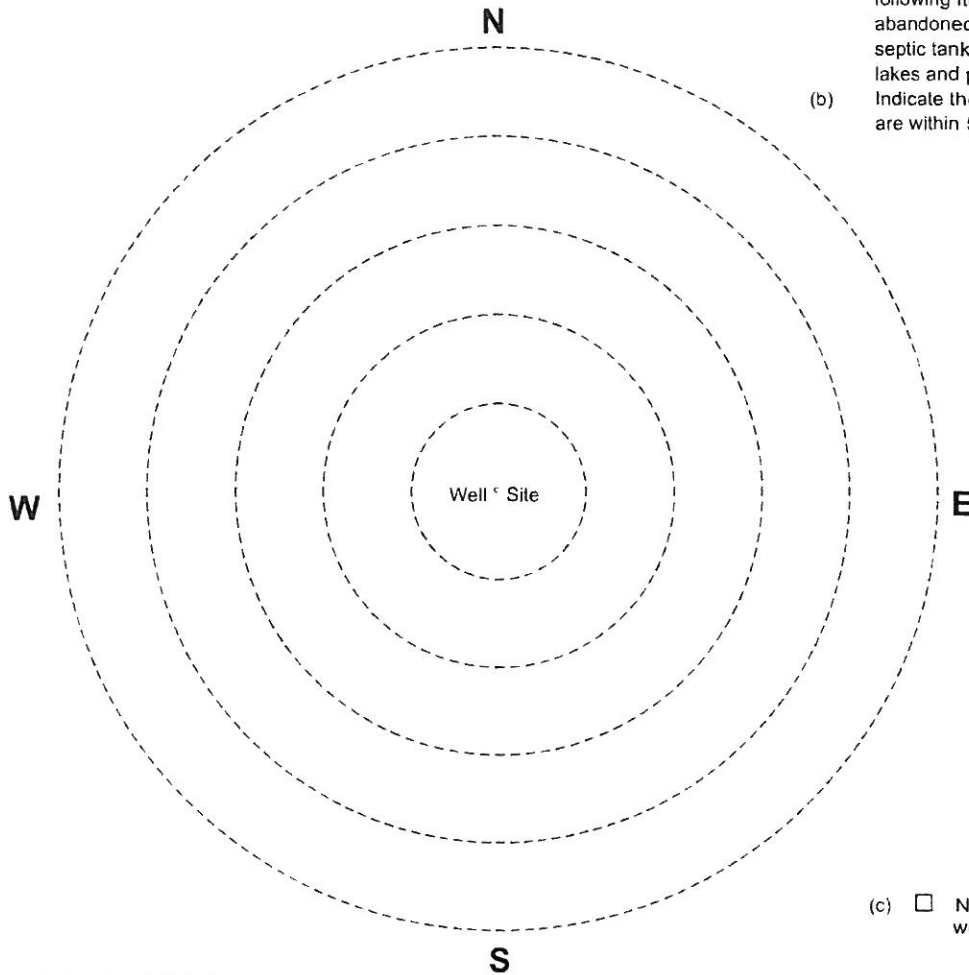
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____ ✓
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-1-11  
County Registration No. 108 California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing  
☒ After installation of the surface protective slab ~~and pumping equipment~~  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis | <input type="checkbox"/> General Physical |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |   |

Comments \_\_\_\_\_



**DO NOT FILL IN**

Permit Number 2011040190

Record ID WP 7169

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbccounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

512 48953

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 1989

Check # 1828

Receipt Number 47291

Paid by 2270

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 5 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 10

Proposed 20 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

2. WELL DRILLER: Gregg Drilling

4/18/2011 4/29/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	20	2	Sch. 40 (.154")

Gravel Pack: ☐ Yes ☐ No

From 5 to 20 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 10 to 20 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

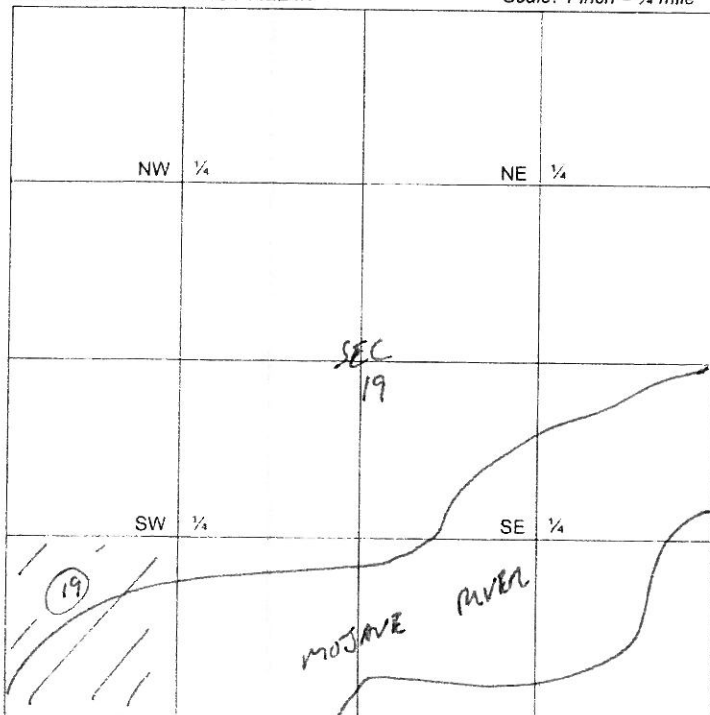
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
 Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° 56 ' 33.30 " N/S N  
 Long: 116 ° 35 ' 29.10 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

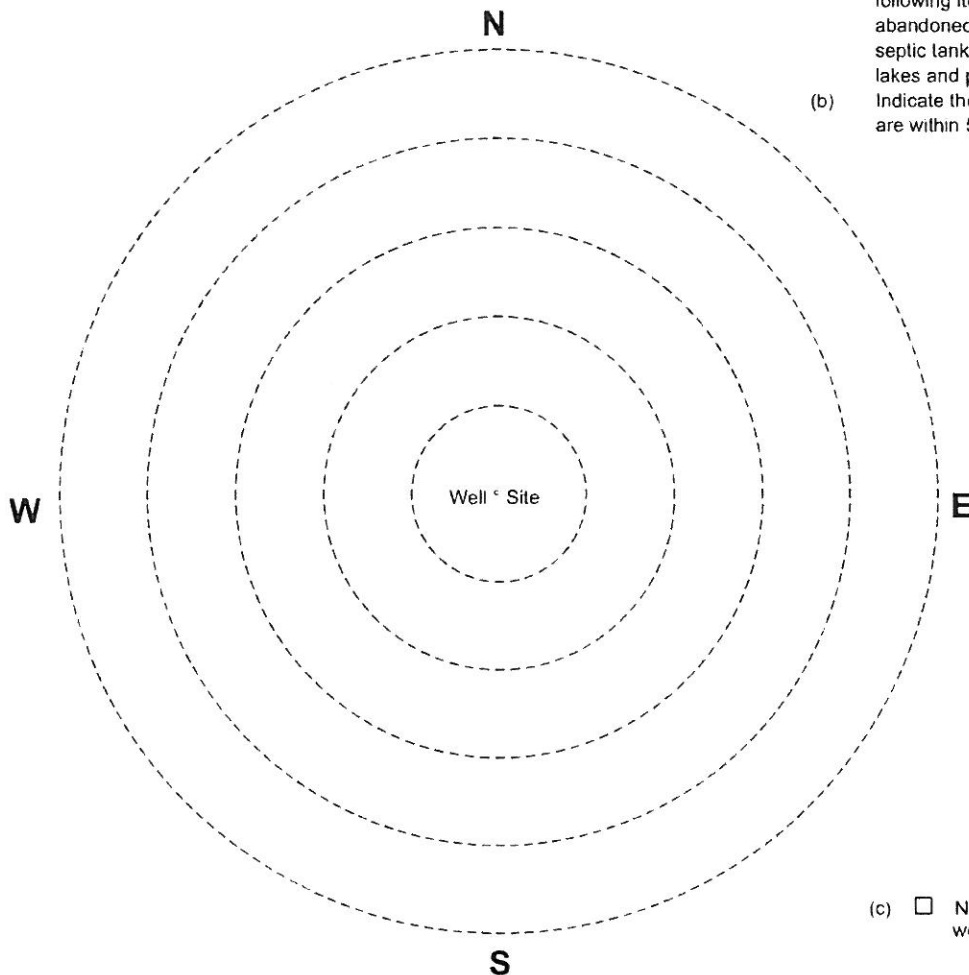
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	_____✓_____
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/4 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-1-11  
County Registration No. 108 California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

- A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:
- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab ~~and pumping equipment~~  
☐ During destruction of wells, prior to pouring the sealing material.
- B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:
- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis | <input type="checkbox"/> General Physical |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |   |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 201040191

Record ID WP7170

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

SRE 48953

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 2959

Check # 1828

Receipt Number 02291

Paid by guy

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 5 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3 in.

6. DEPTH OF WELL (feet): Piezometer 11

Proposed 20 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 8

2. WELL DRILLER: Gregg Drilling

4/18/2011 4/29/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	20	2	Sch. 40 (.154")

Gravel Pack: ☐ Yes ☐ No

From 5 to 20 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 10 to 20 ft

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

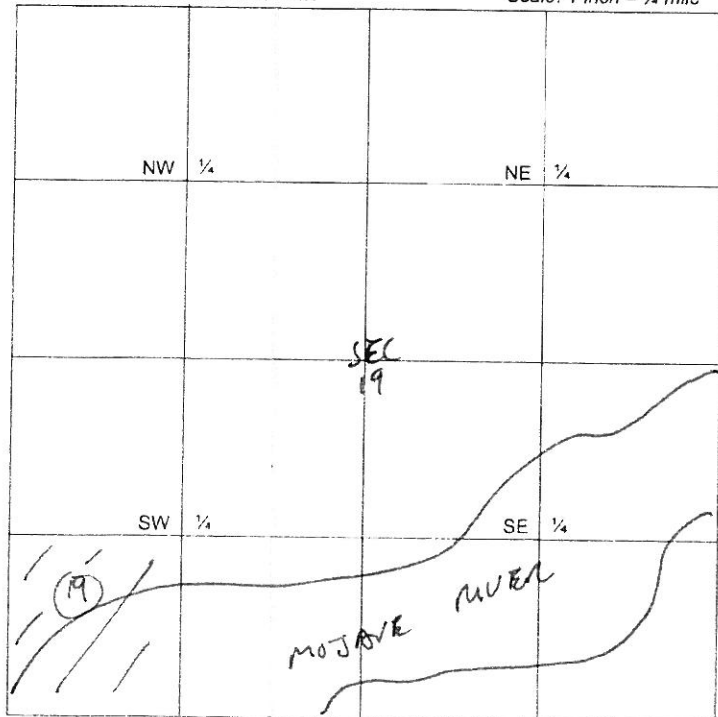
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:

Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude

Lat: 34 ° 56 ', 38.51 " N/S N

Long: 116 ° 35 ', 13.38 " W/S W

(d) Solid or Liquid Disposal Site within Two Miles

☐ Yes ☒ No

Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

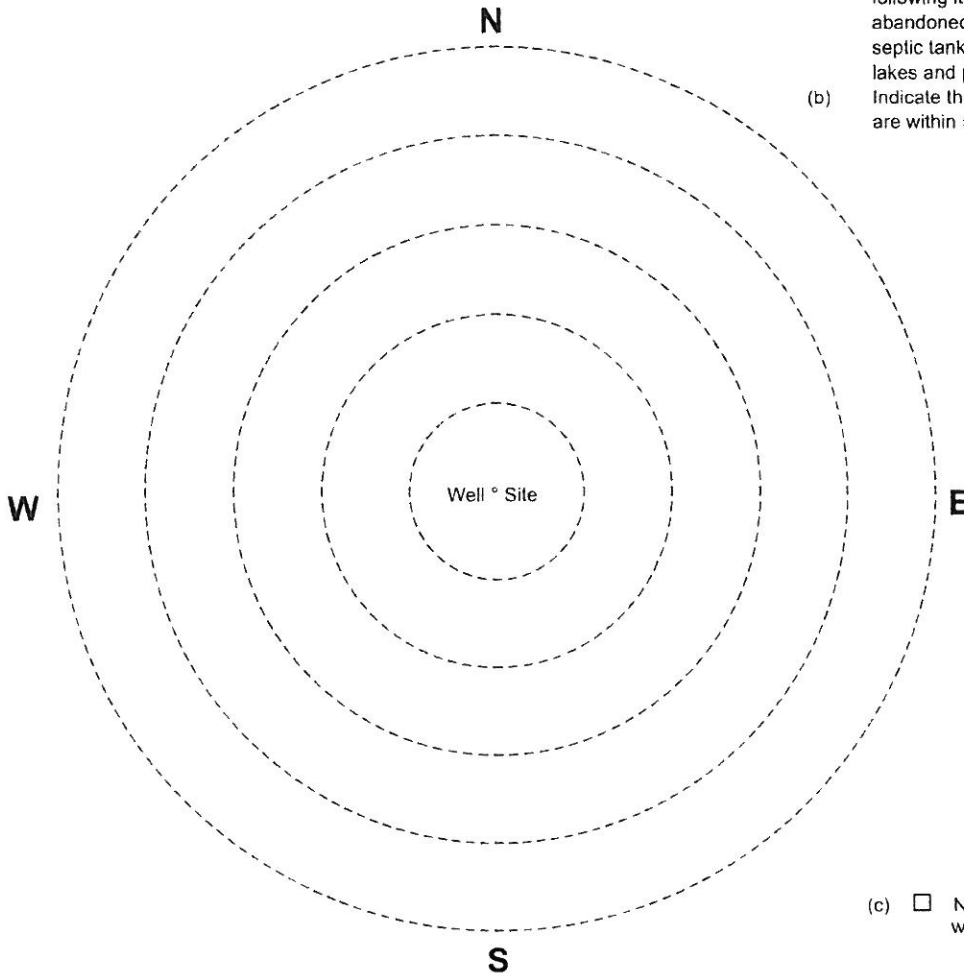
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<input checked="" type="checkbox"/> _____
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-1-11  
County Registration No. 108 California License No. 485165

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab ~~and pumping equipment~~  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040169

Record ID WP 7148

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

*SR 48940*

**DO NOT FILL IN**

Date 4/5/11

Amount \$ 3228.00

Check # 1819

Receipt Number 922871

Paid by TODD ECONOMICS

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 125 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster A Deep

Proposed 140 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2. WELL DRILLER: Boart Longyear

Business Name \_\_\_\_\_

5/2/2011 6/10/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	140	2.5	Sch. 40 (.276")

Gravel Pack: ☐ Yes ☐ No

From 125 to 140 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 135 to 140 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

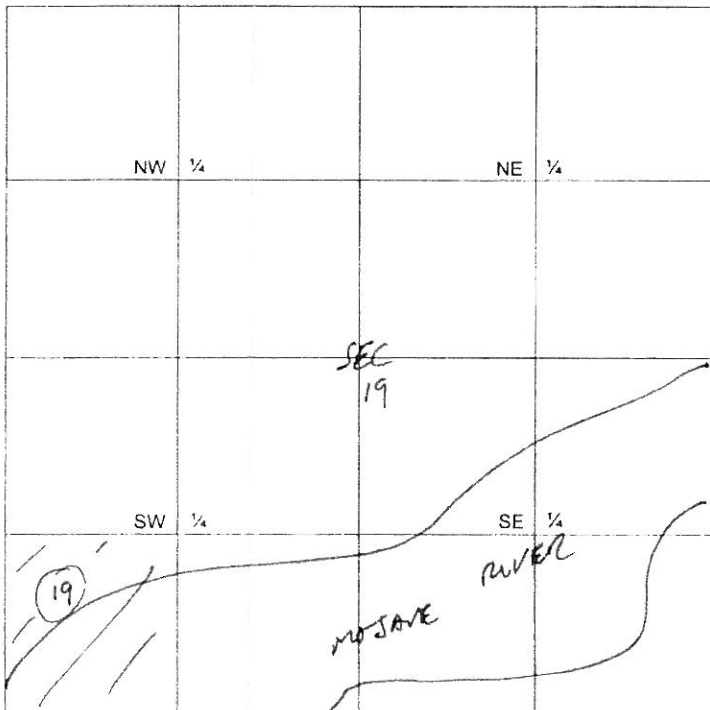
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
 Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 °, 56 ', 4.93 " N/S N  
 Long: 116 °, 37 ', 10.91 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

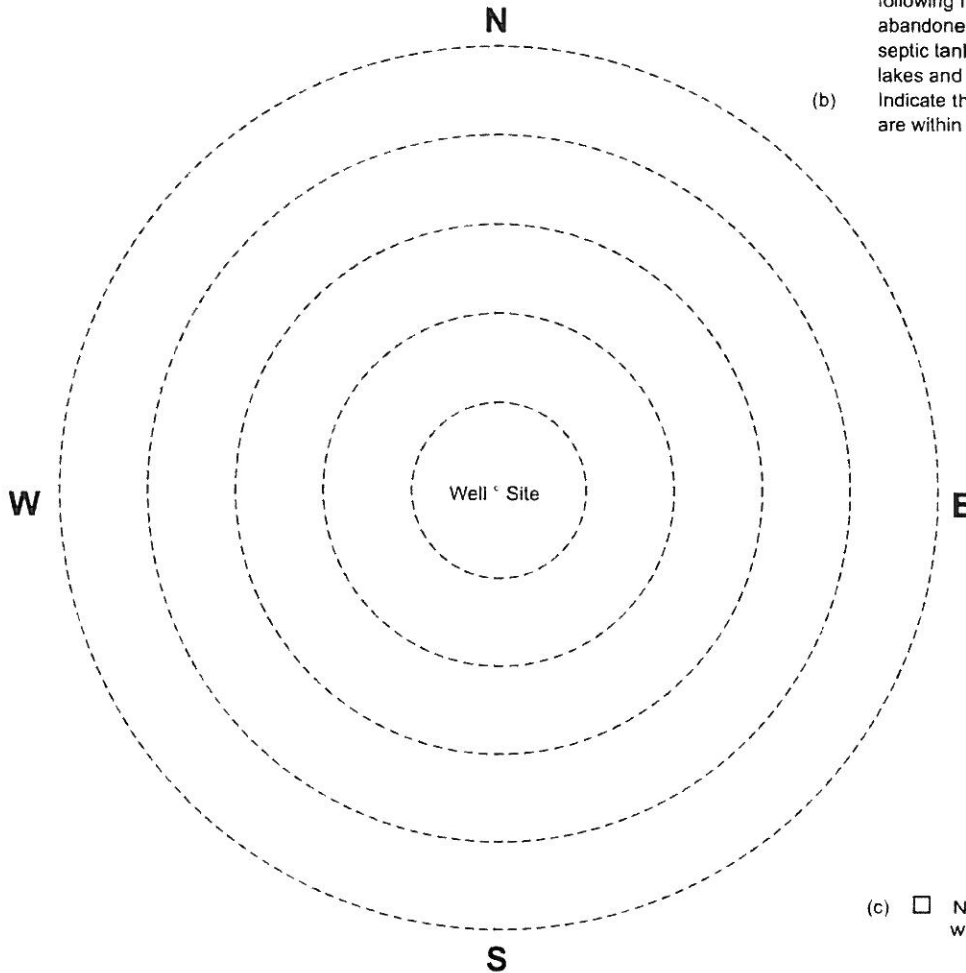
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site

Scale:  $\frac{1}{8}$  inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature]

Date 4-4-11

County Registration No. 161

California License No. 694686

**DISPOSITION OF PERMIT**

(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
- ☒ After installation of the surface protective slab ~~and pumping equipment~~.
- ☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040170

Record ID WP 7149

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 3728

Check # 1529

Receipt Number 922811

Paid by WSP

City Code 79

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 60 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster A Intermediate

Proposed 80 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2. WELL DRILLER: Boart Longyear

Business Name

5/2/2011 6/10/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	80	2.5	Sch. 40 (.276")

Gravel Pack: ☐ Yes ☐ No

From 60 to 80 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 70 to 80 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

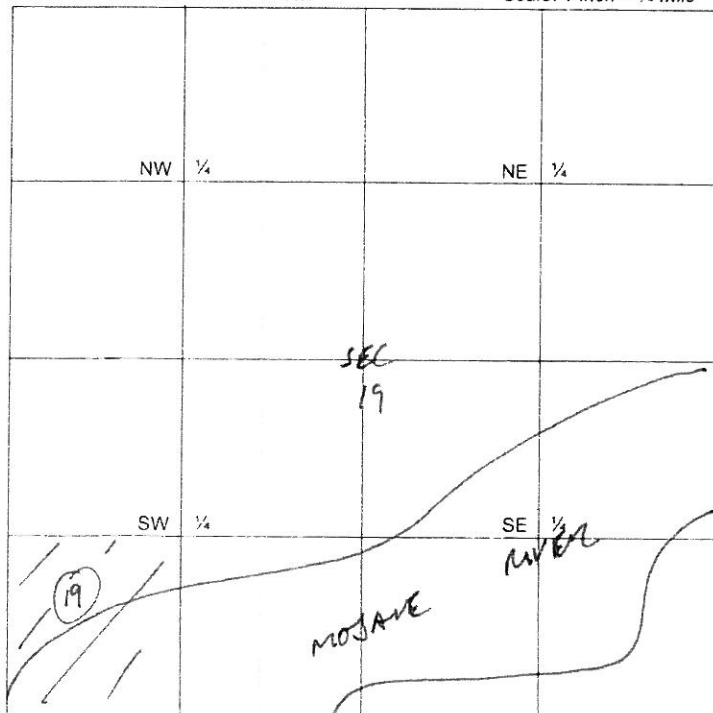
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale. 1 inch = 1/4 mile



10. LOCATION INFORMATION

(a) TOWNSHIP:  
 Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° 56 ' 4.93 " N/S N  
 Long: 116 ° 37 ' 10.91 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

Tag \_\_\_\_\_

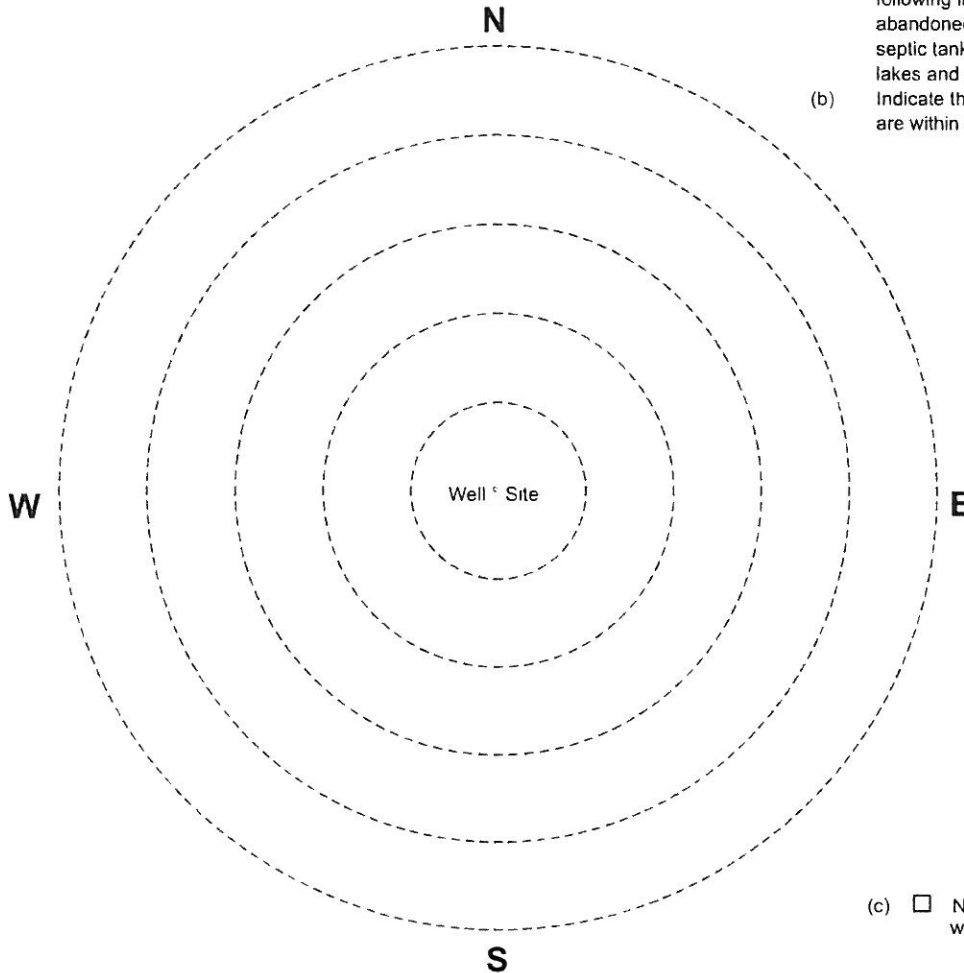
Building & Safety Notified \_\_\_\_\_



Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale:  $\frac{1}{2}$  inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-4-11  
County Registration No. 161 California License No. 694686

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab ~~and pumping equipment~~.  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 201040171

Record ID WP 7150

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

*SR 48940*

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 3728.

Check # 1829

Receipt Number 92281

Paid by GMP

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 35 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in., Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster A Shallow

Proposed 55 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2. WELL DRILLER: Boart Longyear

*Business Name*

5/2/2011 6/10/2011

*Start Date* *Completion Date*

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	55	2.5	Sch. 40 (.276")

Gravel Pack: ☐ Yes ☐ No

From 35 to 55 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 45 to 55 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

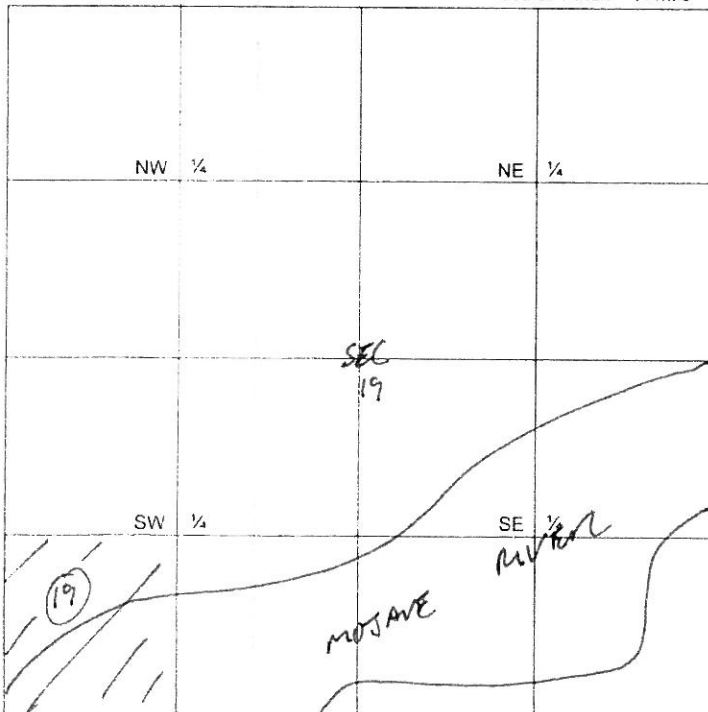
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



10. LOCATION INFORMATION

(a) TOWNSHIP:  
 Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 °, 56 ', 4.93 " N/S N  
 Long: 116 °, 37 ', 10.91 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

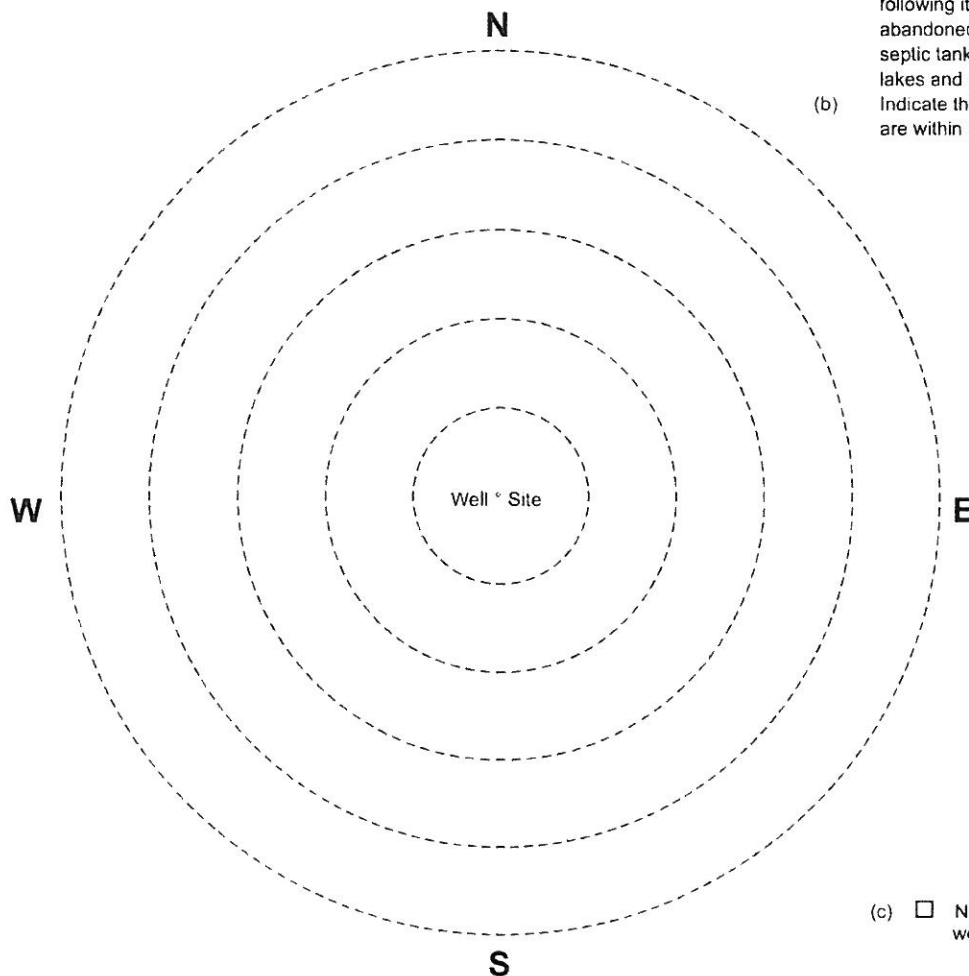
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site.



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale:  $\frac{1}{8}$  inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature]

Date 4-4-11

County Registration No. 161 California License No. 694686

**DISPOSITION OF PERMIT**

(For Department Use Only)

- ☐ Sent to Water Agency for review
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied

☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
- ☒ After installation of the surface protective slab and ~~pumping equipment~~.
- ☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 204040172

Record ID WP 7151

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

SR 48940

**DO NOT FILL IN**

Date 2/5/11

Amount \$ 3728.00

Check # 1829

Receipt Number 922847

Paid by 8770

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 125 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster B Deep

Proposed 140 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2 WELL DRILLER: Boart Longyear

Business Name

5/2/2011 6/10/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	140	2.5	Sch. 40 (.276")

Gravel Pack: ☐ Yes ☐ No

From 125 to 140 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 135 to 140 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

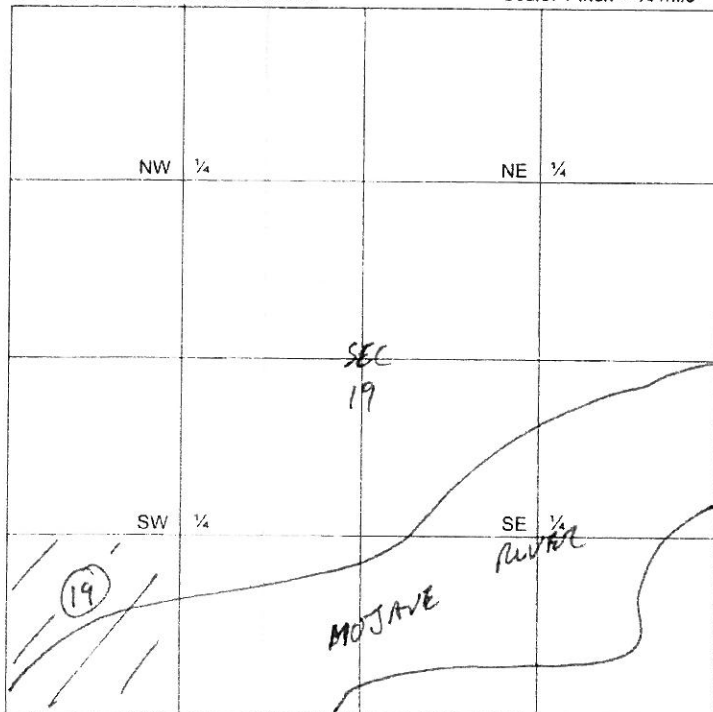
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



10. LOCATION INFORMATION

- (a) TOWNSHIP:  
 Tier 10 (N/S Range 4 (E/W Section 19
- (b) Assessor's Parcel No. 0541 011 19
- (c) Latitude and Longitude  
 Lat: 34 °, 56 ', 6.16 " N/S N  
 Long: 116 °, 37 ', 47.96 " N/S W
- (d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

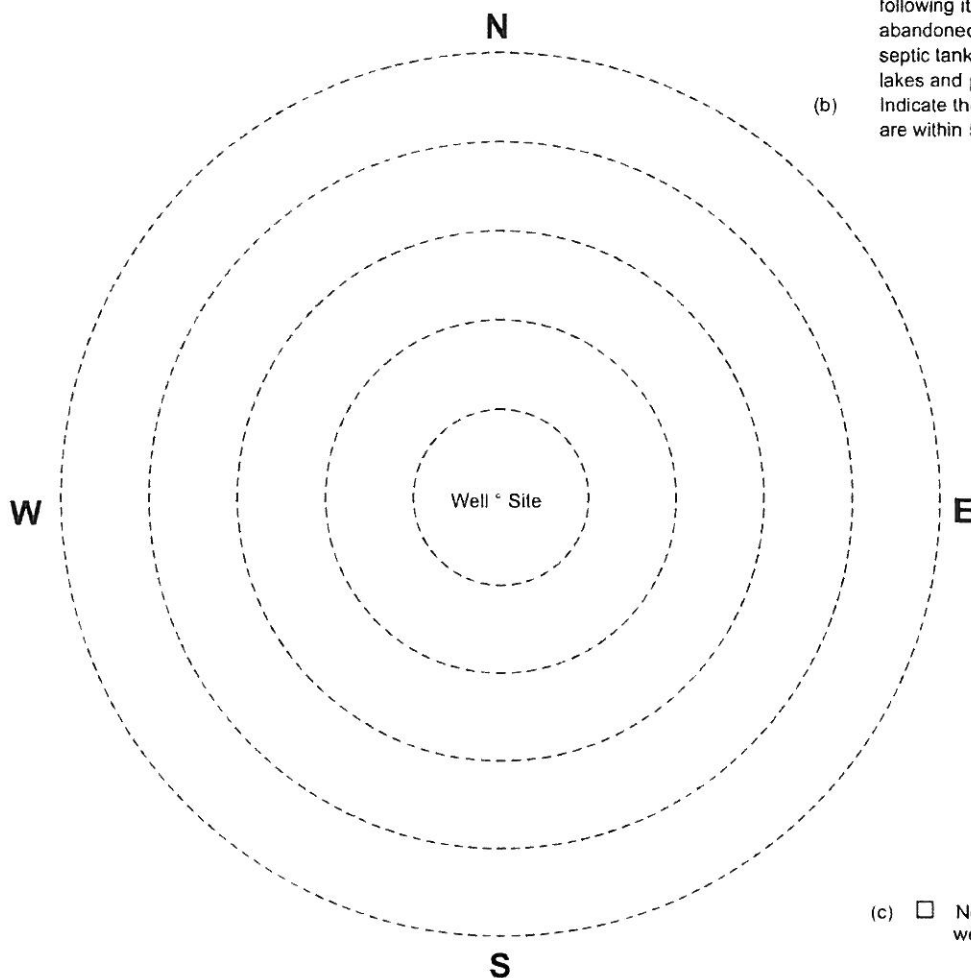
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site

Scale:  $\frac{1}{2}$  inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-4-11  
County Registration No. 161 California License No. 694686

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab ~~and pumping equipment~~.  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis | <input type="checkbox"/> General Physical |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |   |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011046173

Record ID WP 7152

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 3228

Check # 1829

Receipt Number 92287

Paid by 6207

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells. exact for all other wells

5. ANNULAR SEAL: Seal Depth 60 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster B Intermediate

Proposed 80 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2. WELL DRILLER: Boart Longyear

Business Name

5/2/2011 6/10/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
<u>0</u>	<u>80</u>	<u>2.5</u>	<u>Sch. 40 (.276")</u>

Gravel Pack: ☐ Yes ☐ No

From 60 to 80 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 70 to 80 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

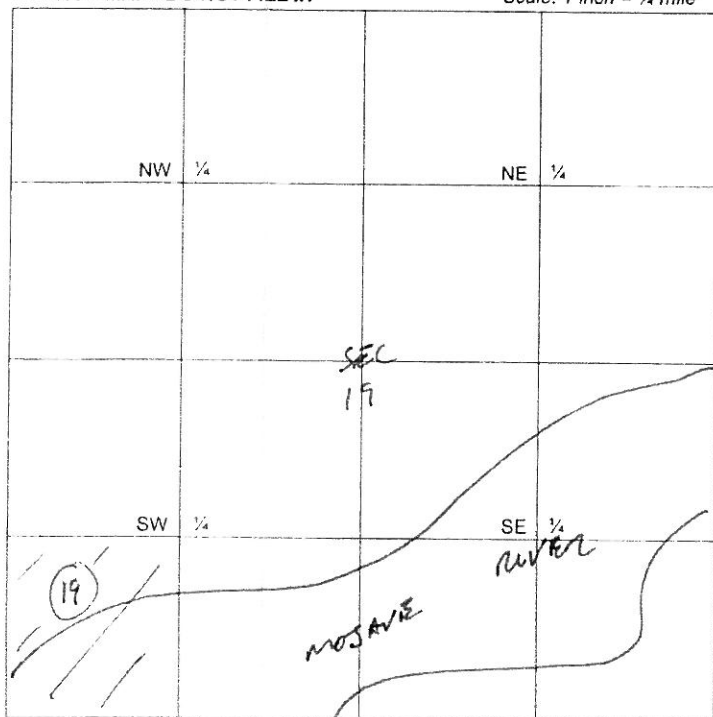
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



10. LOCATION INFORMATION

(a) TOWNSHIP:  
 Tier 10 (N/S Range 4 E/W Section 19)

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° 56 ' 6.16 " N/S N  
 Long: 116 ° 37 ' 47.96 " W/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

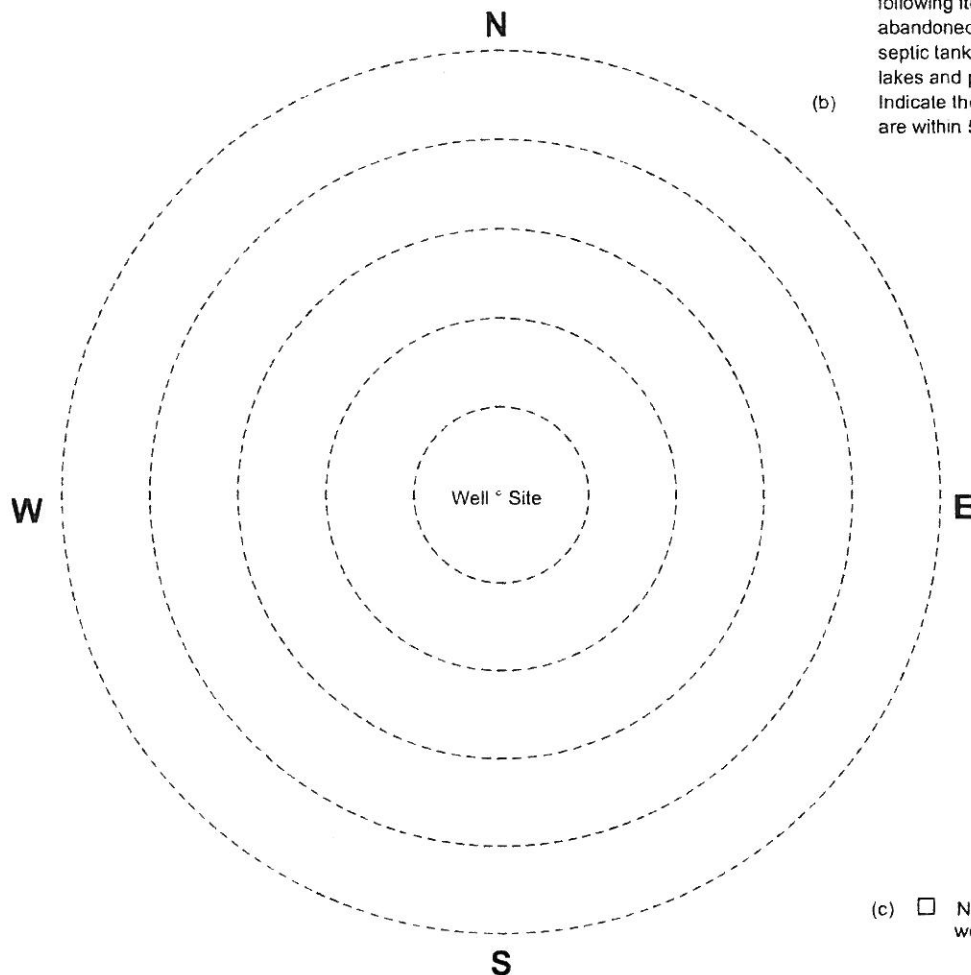
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11 PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-4-11  
County Registration No. 161 California License No. 694686

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing  
☒ After installation of the surface protective slab and pumping equipment.  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis | <input type="checkbox"/> General Physical |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |   |

Comments \_\_\_\_\_



**DO NOT FILL IN**

Permit Number 2011040174

Record ID WP 7153

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES  
385 N. Arrowhead Ave., 2nd Floor  
San Bernardino, CA 92415-0160  
(909) 884-4056  
www.sbcounty.gov/dehs

**WELL PERMIT**  
(Please Print)

SLC 48940

**DO NOT FILL IN**

Date 4/5/11

Amount \$ 3728.00

Check # 1879

Receipt Number 97787

Paid by 9479

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 35 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster B Shallow

Proposed 55 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2. WELL DRILLER: Boart Longyear

Business Name

5/2/2011 6/10/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	55	2.5	Sch. 40 (.276")

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

Gravel Pack: ☐ Yes ☐ No

From 35 to 55 ft.

4. TYPE OF WORK (check):

☒ New ☐ Reconstruction ☐ Destruction

8. PERFORATIONS (if applicable):

From 45 to 55 ft.

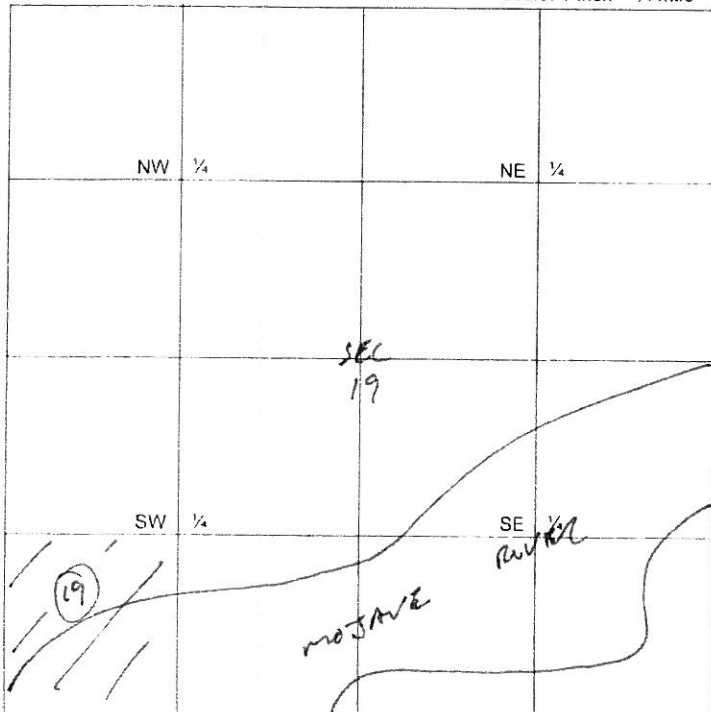
Pumping rate (gpm) \_\_\_\_\_

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP: \_\_\_\_\_

Tier 10 N/S Range 7 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude

Lat: 34 ° 56 ' 6.16 " N/S N

Long: 116 ° 37 ' 47.96 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles

☐ Yes ☒ No

Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

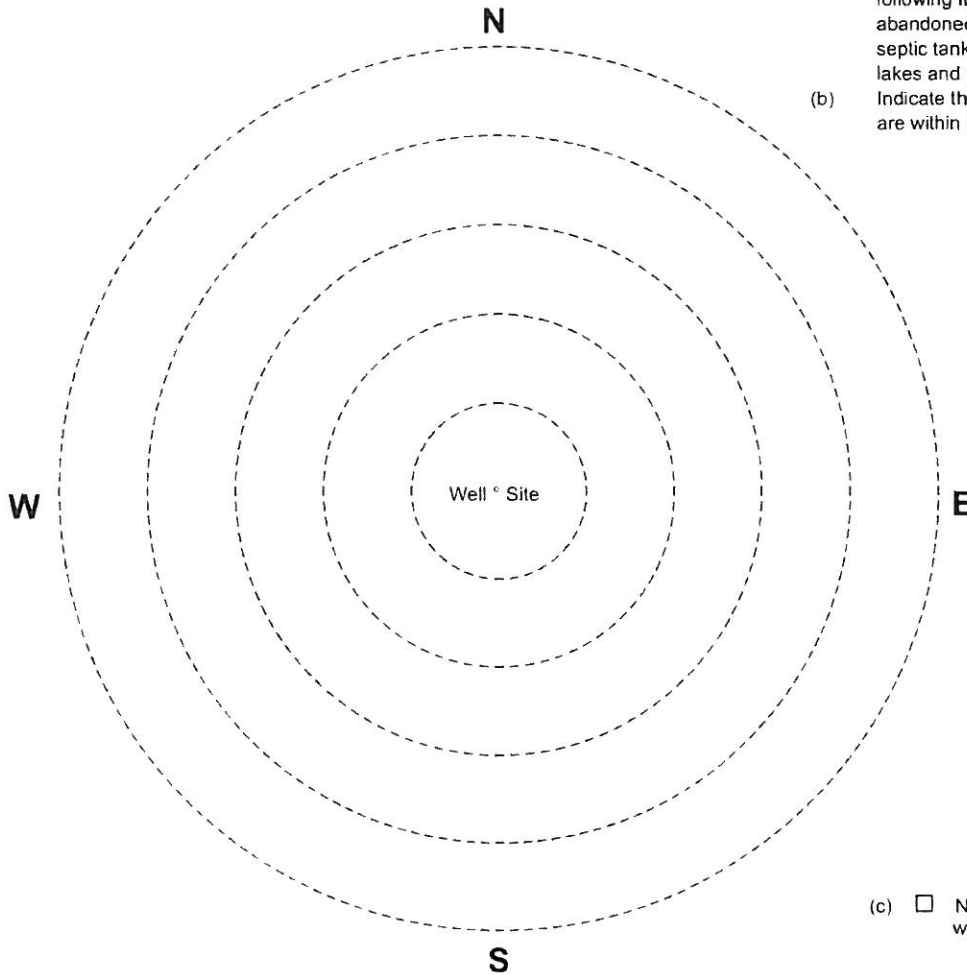
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11 PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-4-11  
County Registration No. 161 California License No. 694686

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab and pumping equipment.  
☐ During destruction of wells, prior to pouring the sealing material.

B ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis | <input type="checkbox"/> General Physical |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |   |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040175

Record ID WP 7154

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 3218

Check # 1879

Receipt Number 92287

Paid by WP

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 125 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster C Deep

Proposed 140 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2. WELL DRILLER: Boart Longyear

Business Name

5/2/2011 6/10/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	140	2.5	Sch. 40 (.276")

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

Gravel Pack: ☐ Yes ☐ No

From 125 to 140 ft.

8. PERFORATIONS (if applicable):

From 135 to 140 ft.

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

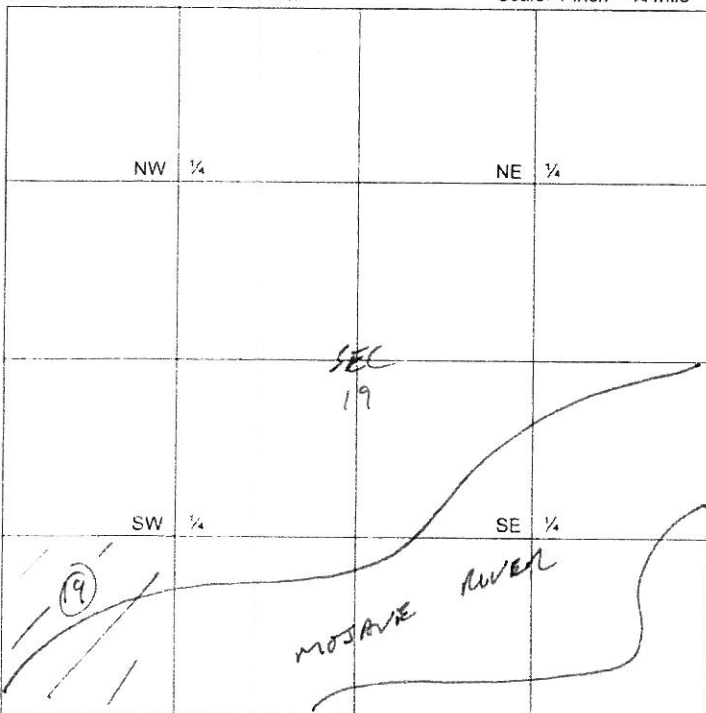
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
 Tier 10 (N/S Range 4 (E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° , 56 ' , 10.41 " N/S <sup>N</sup>  
 Long: 116 ° , 35 ' , 58.66 " N/S <sup>W</sup>

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

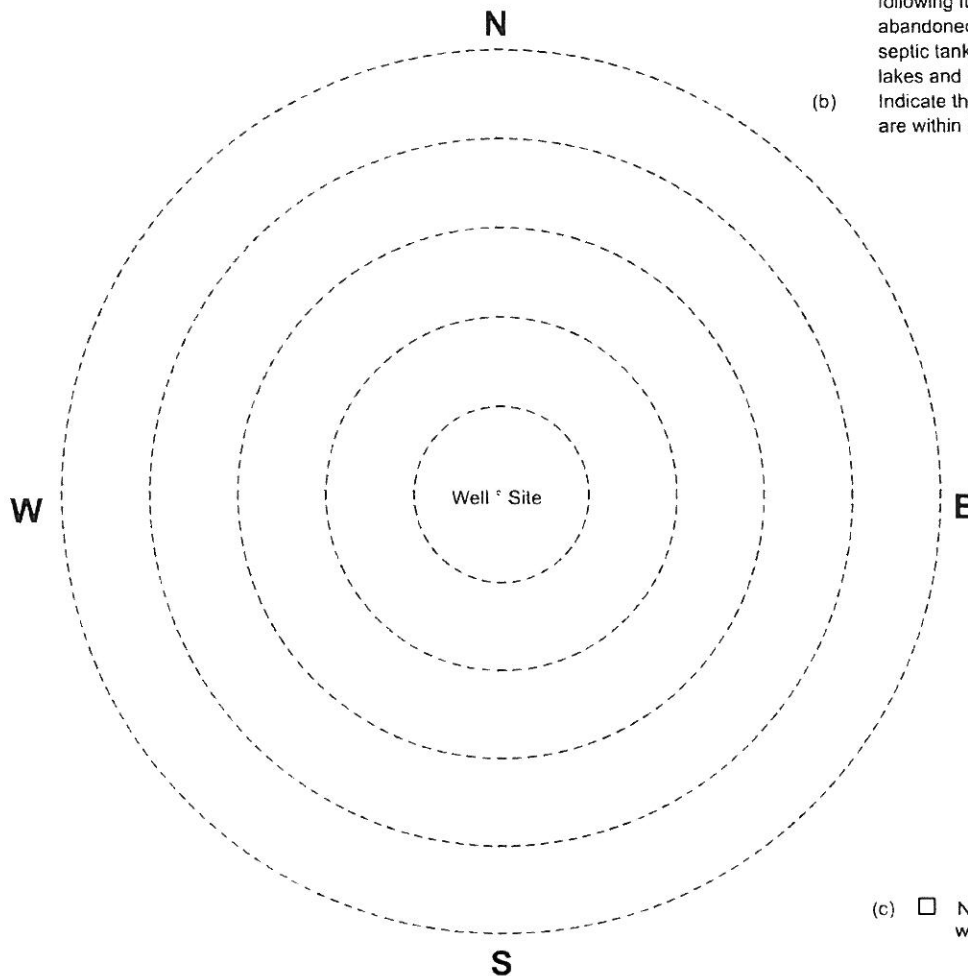
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11 PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site

Scale:  $\frac{1}{2}$  inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-4-11  
County Registration No. 161 California License No. 694686

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.  
☐ Water Agency conditions or recommendations attached.  
☐ Denied  
☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.  
☒ After installation of the surface protective slab ~~and pumping equipment~~.  
☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

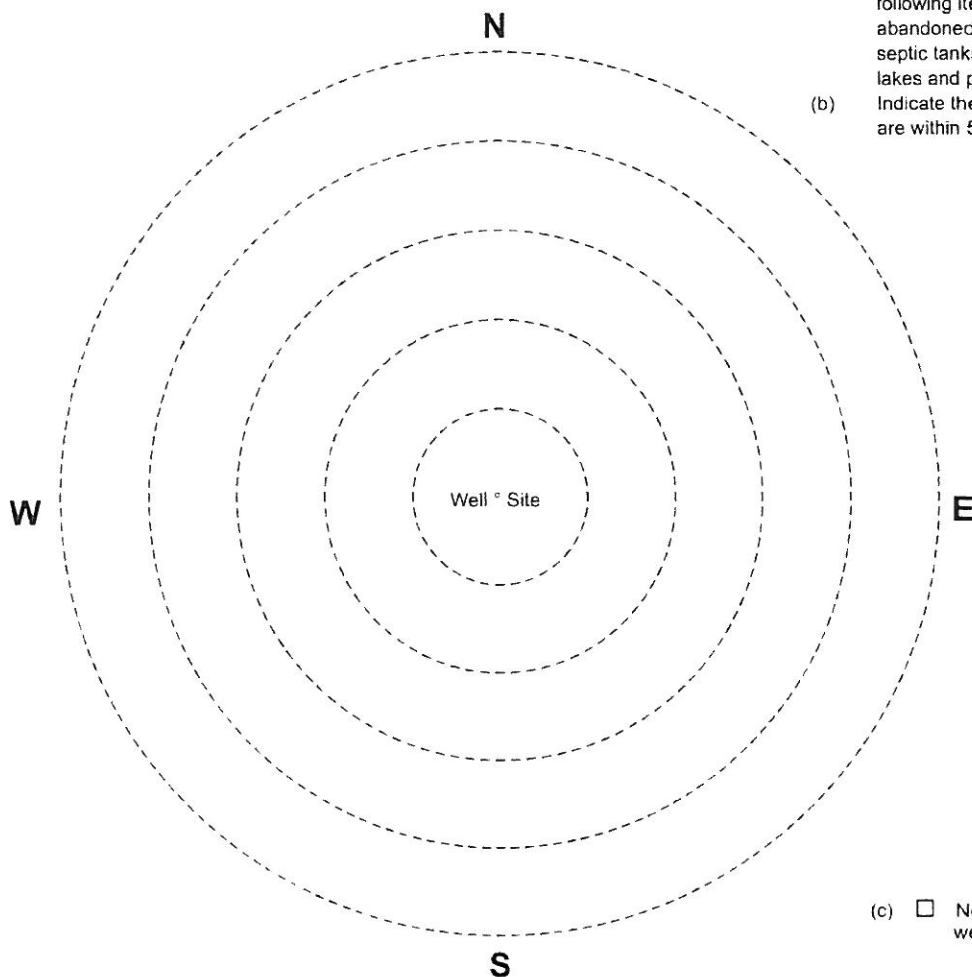
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site

Scale:  $\frac{1}{4}$  inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature]

Date 4-4-11

County Registration No. 161

California License No. 694686

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

- A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
- ☒ After installation of the surface protective slab ~~and pumping equipment~~.
- ☐ During destruction of wells, prior to pouring the sealing material.

- B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 204040177

Record ID WP 7156

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES  
385 N. Arrowhead Ave., 2nd Floor  
San Bernardino, CA 92415-0160  
(909) 884-4056  
www.sbcounty.gov/dehs

**WELL PERMIT**  
(Please Print)

512 48940

**DO NOT FILL IN**

Date 4/5/11

Amount \$ 3228.10

Check # 1829

Receipt Number 02257

Paid by WSD

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

2. WELL DRILLER: Boart Longyear

Business Name

5/2/2011 6/10/2011

Start Date Completion Date

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

4. TYPE OF WORK (check):

☒ New ☐ Reconstruction ☐ Destruction

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 35 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster C Shallow

Proposed 55 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
<u>0</u>	<u>55</u>	<u>2.5</u>	<u>Sch. 40 (.276")</u>

Gravel Pack: ☐ Yes ☐ No

From 35 to 55 ft.

8. PERFORATIONS (if applicable):

From 45 to 55 ft

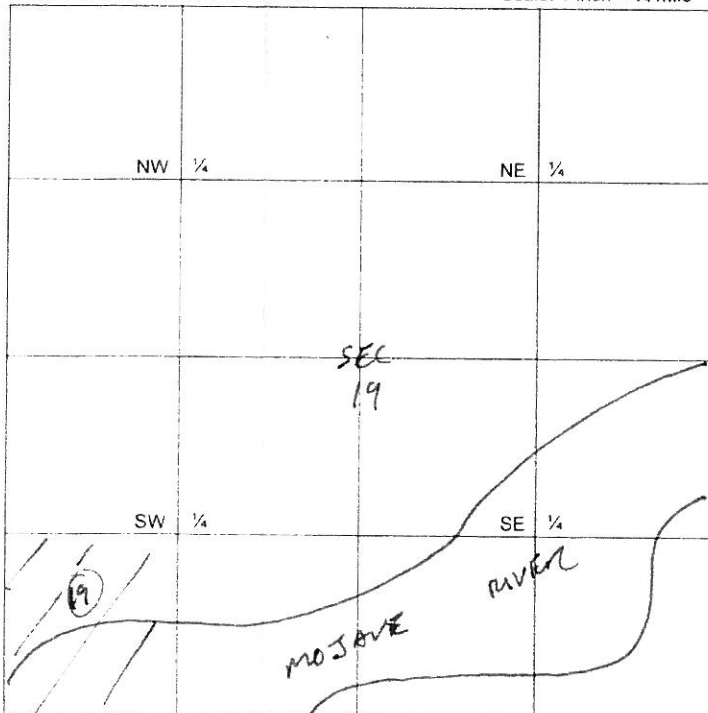
Pumping rate (gpm) \_\_\_\_\_

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:

Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude

Lat: 34 °, 56 ', 10.41 " N/S

Long: 116 °, 35 ', 58.66 " N/S

(d) Solid or Liquid Disposal Site within Two Miles

☐ Yes ☒ No

Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Slab \_\_\_\_\_

Tag \_\_\_\_\_

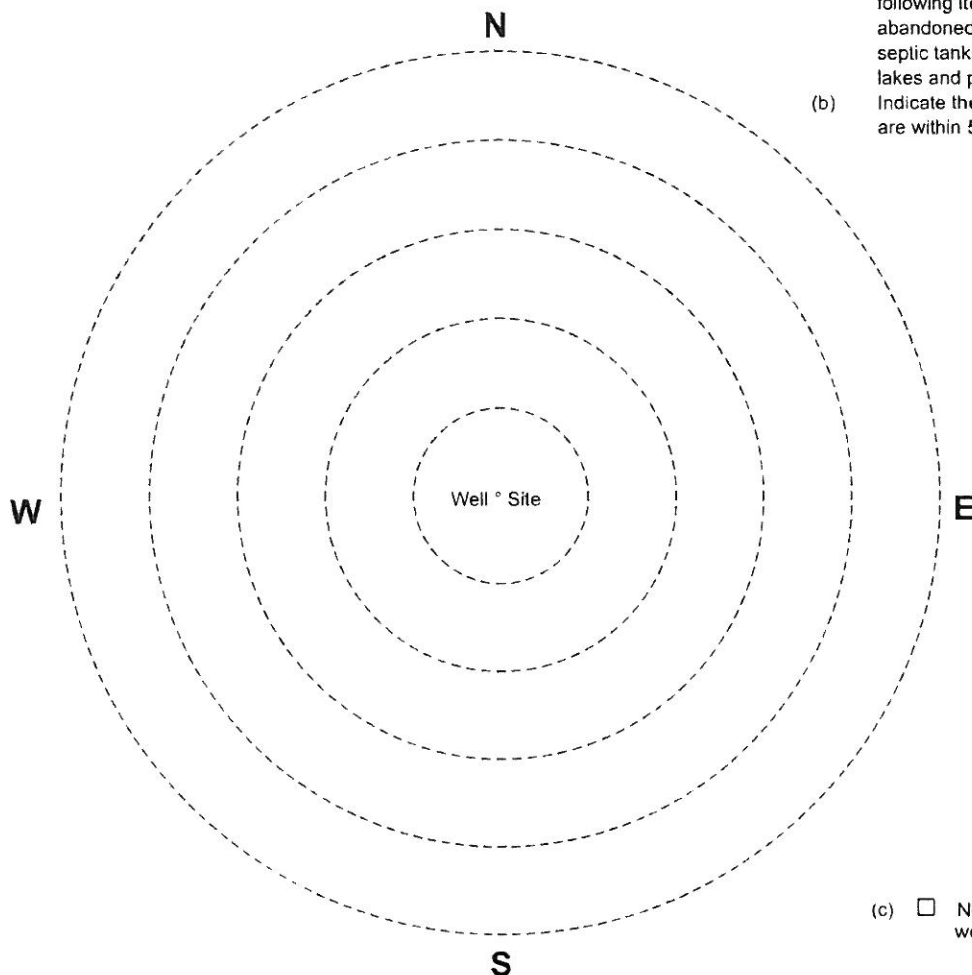
Building & Safety Notified \_\_\_\_\_



Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature]

Date

4-4-11

County Registration No. 161

California License No. 694686

DISPOSITION OF PERMIT

(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

A ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
- ☒ After installation of the surface protective slab and pumping equipment.
- ☐ During destruction of wells, prior to pouring the sealing material.

B ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- ☒ Water Well Driller's Report ☐ Bacterial Analysis ☐ Inorganic Chemical Analysis
- ☐ Radiological Analysis ☐ General Mineral ☐ Organic Chemical analysis ☐ General Physical

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040178

Record ID WP 7157

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

SR 48940

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 3225.00

Check # 1829

Receipt Number 92257

Paid by 4270

City Code 77

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

2. WELL DRILLER: Boart Longyear

5/2/2011 6/10/2011

Start Date Completion Date

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

4. TYPE OF WORK (check):

☒ New ☐ Reconstruction ☐ Destruction

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 125 ft.

Furnished by ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster D Deep

Proposed 140 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	140	2.5	Sch. 40 (.276")

Gravel Pack: ☐ Yes ☐ No

From 125 to 140 ft.

8. PERFORATIONS (if applicable):

From 135 to 140 ft.

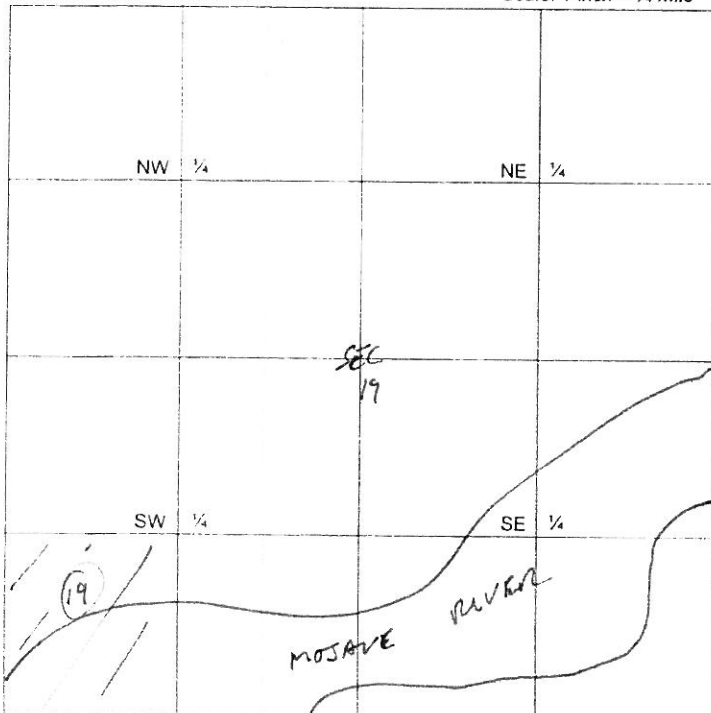
Pumping rate (gpm) \_\_\_\_\_

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



**10. LOCATION INFORMATION**

(a) TOWNSHIP:  
 Tier 10 (N/S Range 4 (E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° 56 ' 19.81 " N/S N  
 Long: 116 ° 35 ' 24.08 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

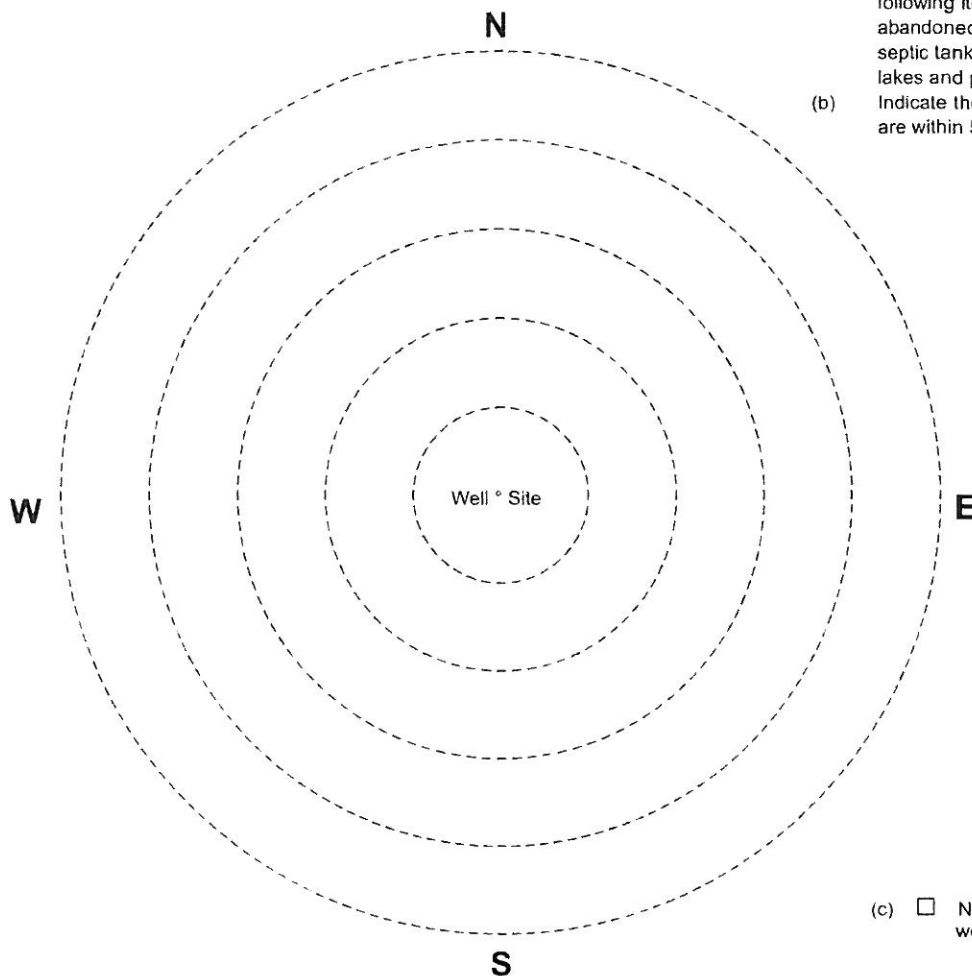
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature \_\_\_\_\_

Date

4-4-11

County Registration No. 161

California License No. 694686

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing
- ☒ After installation of the surface protective slab ~~and pumping equipment.~~
- ☐ During destruction of wells, prior to pouring the sealing material.

B. ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040179

Record ID WP 7158

Expiration 12-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES  
385 N. Arrowhead Ave., 2nd Floor  
San Bernardino, CA 92415-0160  
(909) 884-4056  
www.sbcounty.gov/dehs

**WELL PERMIT**  
(Please Print)

*SIC 48940*

**DO NOT FILL IN**

Date 4-5-11

Amount \$ 3228.00

Check # 1824

Receipt Number 92287

Paid by G. J. J.

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 60 ft.

Furnished by ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster D Intermediate

Proposed 80 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2. WELL DRILLER: Boart Longyear

Business Name

5/2/2011 6/10/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	80	2.5	Sch. 40 (.276")

Gravel Pack: ☐ Yes ☐ No

From 60 to 80 ft.

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

8. PERFORATIONS (if applicable):

From 70 to 80 ft

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

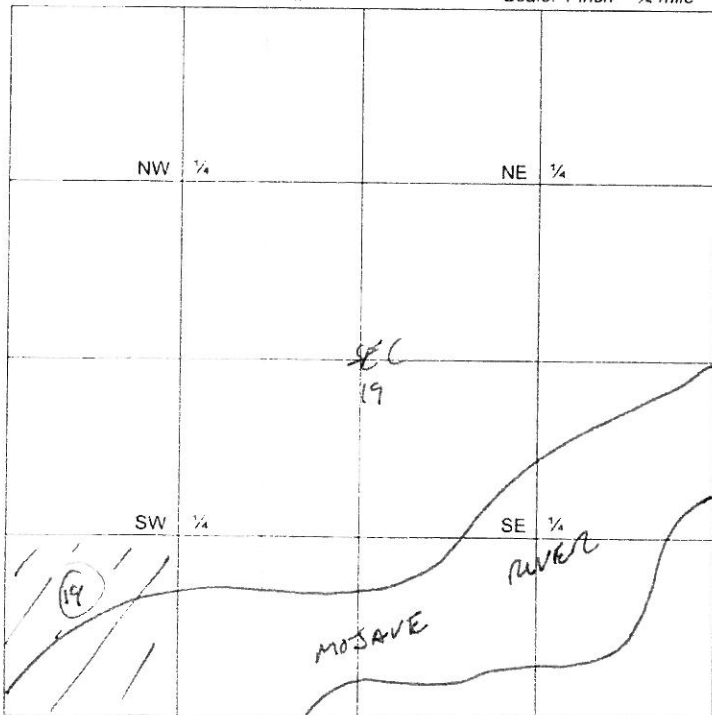
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



10. LOCATION INFORMATION

(a) TOWNSHIP:

Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude

Lat: 34 ° 56 ' 19.81 " N/S N

Long: 116 ° 35 ' 24.08 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles

☐ Yes ☒ No

Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

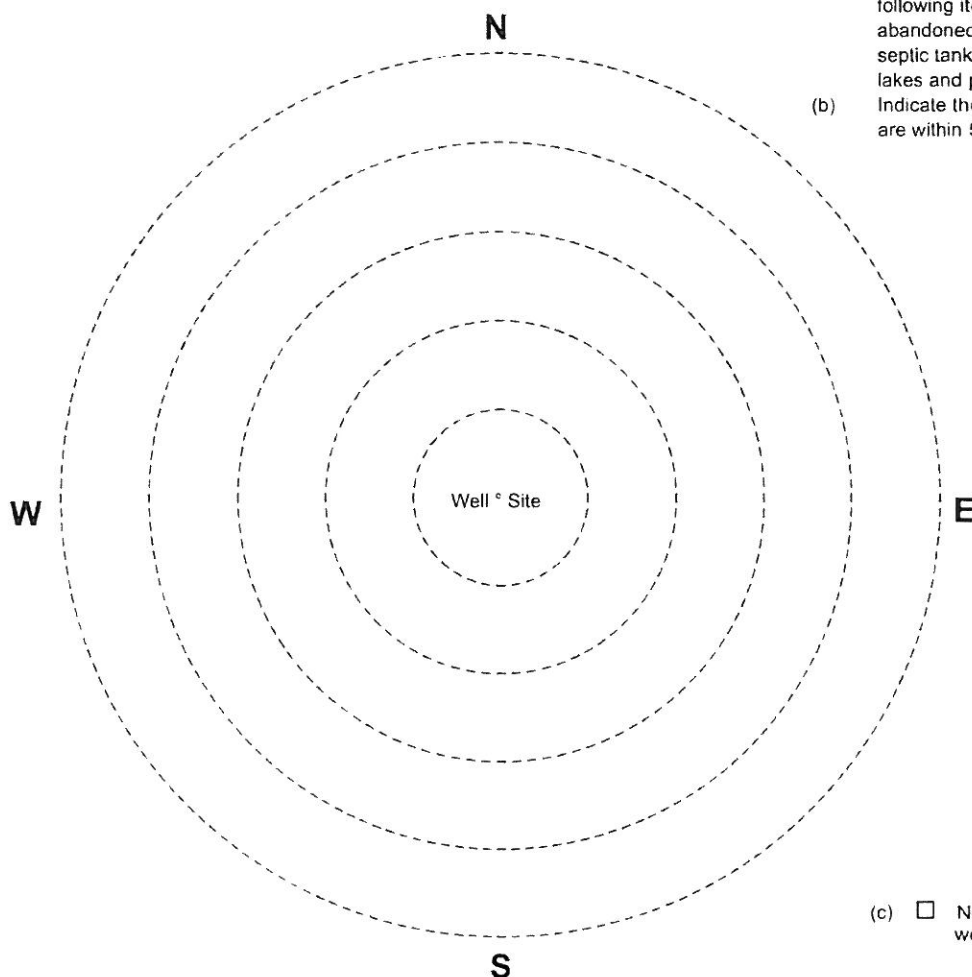
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11 PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in **feet**, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site

Scale:  $\frac{1}{2}$  inch = 100 feet

12 I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature]

Date 4-4-11

County Registration No. 161

California License No. 694686

**DISPOSITION OF PERMIT**

(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

A ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

- ☐ Prior to sealing of the annular space or filling of the conductor casing.
- ☒ After installation of the surface protective slab ~~and pumping equipment~~
- ☐ During destruction of wells, prior to pouring the sealing material.

B ☒ Submit to the Department, within thirty (30) days after completion of work, a copy of:

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_

**DO NOT FILL IN**

Permit Number 2011040180

Record ID WP 7159

Expiration 10-12-11

FF \_\_\_\_\_

FA \_\_\_\_\_

SN \_\_\_\_\_

County of San Bernardino  
 DEPARTMENT OF PUBLIC HEALTH  
 ENVIRONMENTAL HEALTH SERVICES  
 385 N. Arrowhead Ave., 2nd Floor  
 San Bernardino, CA 92415-0160  
 (909) 884-4056  
 www.sbcounty.gov/dehs

**WELL PERMIT**  
 (Please Print)

02 48940  
**DO NOT FILL IN**

Date 4-5-11

Amount \$ 3228

Check # 1869

Receipt Number 92287

Paid by SLP

City Code 71

1. OWNER: Name California Dept. of Fish and Game

Site Address Camp Cady, Mojave Trail

City Newberry Springs Zip 92365

Mailing Address 407 W. Line Street

City Bishop Zip 93514

Telephone Number ( 760 ) 872-1158

Items 6 through 9 to be estimated for new wells, exact for all other wells

5. ANNULAR SEAL: Seal Depth 35 ft.

Furnished by: ☐ Owner ☒ Contractor

☐ Driven Conductor Dia. \_\_\_\_\_ in. Wall (Gage) \_\_\_\_\_

☐ Sealing Material Cement Grout Thickness 3.5 in.

6. DEPTH OF WELL (feet): Cluster D Shallow

Proposed 55 Existing \_\_\_\_\_

DIAMETER OF BORE (in.): 10

2. WELL DRILLER: Boart Longyear

Business Name

5/2/2011 6/10/2011

Start Date Completion Date

7. CASING INSTALLED:

☐ Steel ☒ Plastic ☐ Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)
0	55	2.5	Sch. 40 (.276")

3. INTENDED WELL USE (check):

☐ Agricultural ☐ Horizontal ☐ Test

☐ Cathodic ☒ Monitoring/Observation ☐ Dairy

☐ Ind/Domestic ☐ Community/PWS/City ☐ Other

Gravel Pack: ☐ Yes ☐ No

From 35 to 55 ft.

8. PERFORATIONS (if applicable):

From 45 to 55 ft

Pumping rate (gpm) \_\_\_\_\_

4. TYPE OF WORK (check):

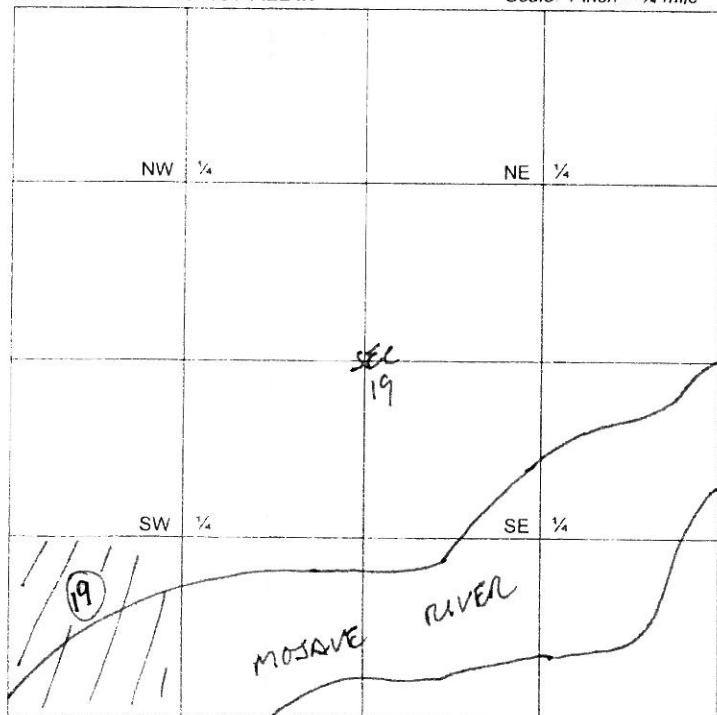
☒ New ☐ Reconstruction ☐ Destruction

9. SEALED ZONES (if applicable):

From \_\_\_\_\_ to \_\_\_\_\_ ft.

**SECTION MAP - DO NOT FILL IN**

Scale: 1 inch = 1/4 mile



10. LOCATION INFORMATION

(a) TOWNSHIP:  
 Tier 10 N/S Range 4 E/W Section 19

(b) Assessor's Parcel No. 0541 011 19

(c) Latitude and Longitude  
 Lat: 34 ° 56 ' 19.81 " N/S N  
 Long: 116 ° 35 ' 24.08 " N/S W

(d) Solid or Liquid Disposal Site within Two Miles  
☐ Yes ☒ No  
 Location \_\_\_\_\_

**DO NOT FILL IN**

Seal \_\_\_\_\_

Cap \_\_\_\_\_

Check Valve \_\_\_\_\_

Electricals \_\_\_\_\_

Stab \_\_\_\_\_

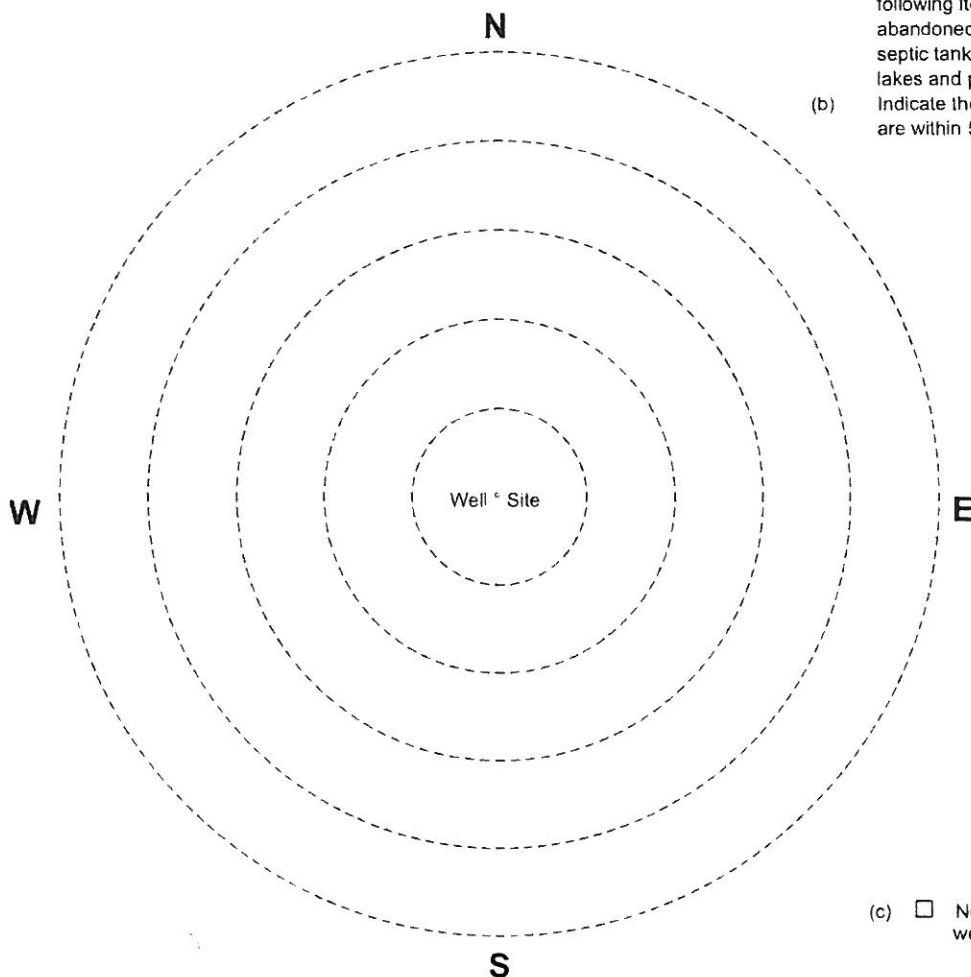
Tag \_\_\_\_\_

Building & Safety Notified \_\_\_\_\_

Assessor's Parcel No. 0541 011 19

11. PLOT PLAN:

- (a) In perspective to the well site, sketch and label the following items: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.
- (b) Indicate the distance, in feet, of any of the following which are within 500 ft. of the well site:



Other	_____
Sewers	_____
Septic tanks	_____
Leaching fields	_____
Seepage pits	_____
Cesspools	_____
Lakes and ponds	_____
Watercourses	<u>X</u>
Animal or fowl kept	_____

- (c) ☐ None of the above are within 500 feet of the well site.

Scale: 1/2 inch = 100 feet

12. I have read this application and agree to comply with all laws regulating the type of work being performed

C-57 Contractor's Signature [Signature] Date 4-4-11

County Registration No. 161 California License No. 694686

**DISPOSITION OF PERMIT**  
(For Department Use Only)

- ☐ Sent to Water Agency for review.
- ☐ Water Agency conditions or recommendations attached.
- ☐ Denied
- ☒ Approved subject to the following:

A. ☒ Notify the Department, Safe Drinking Water Program, (909) 387-4666, twenty-four (24) hours in advance to make an inspection of the following operations:

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- ☒ After installation of the surface protective slab ~~and pumping equipment~~.
- ☐ During destruction of wells, prior to pouring the sealing material.

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- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Water Well Driller's Report | <input type="checkbox"/> Bacterial Analysis | <input type="checkbox"/> Inorganic Chemical Analysis |
| <input type="checkbox"/> Radiological Analysis                  | <input type="checkbox"/> General Mineral    | <input type="checkbox"/> Organic Chemical analysis   |
|   |   | <input type="checkbox"/> General Physical            |

Comments \_\_\_\_\_