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APPLICATION FOR WELL OPERATING PERMIT

Clear Form

Complete items No. 1 through 25 and submit application fee as set forth in the Water Resource Development and Operating Regulations. No application fee is required for monitoring wells. Make checks payable to the Treasurer of Guam.

I. Background Information:

1. Date of Application: _____

2. Type of Application: [ ]New
   [ ]Extension Previous Well Operating Numbers:_____

3. Name of Well Owner: _____
   (Name of individual, company, agency, etc.)

   Mailing Address: _____
   _____

   Telephone Numbers: _____

4. Name of Owner of property on which well is located: _____
   _____
   If owner of the land on which the well is located and the owner of the well are not the same, written notarized permission from the owner of the land shall be filed with the application.

II Well Information:

5. Type of Well (indicate one):

   [ ] Public Water Supply Well [ ] Individual Domestic Well
   [ ] Industrial Well [ ] Recharge or Injection Well
   [ ] Agricultural Well [ ] Monitoring Well
   [ ] Irrigation Well (Golf Course) [ ] Grounding Well
   [ ] Others _____

6. Purpose for which is to be used: _____

7. Pumping Rates: Design Pumping Rate: _____gpm
   Maximum Pumping Rate: _____gpm

8. Estimated Hours of Operation: _____ per day
_____ per month
_____ per year

9. Estimated Volume of Water to be Pumped on an Annual Basis:
_____gallons per year

III. Well Location:

10. Provide a plot plan drawn to a scale of 1" = 50' showing known references such as streets, property lines, and survey monuments. Including GGTN coordinates of the well to the nearest foot.

IV. Well Drilling Summary:

11. Period of well drilling : Starting Date: _____
Completion Date: _____

12. Well Drilling Contractor: _____

13. Well Drilling Permit No.: _____

14. Total Depth of well: _____feet

Elevation (MSL) of Ground Surface at Casing: _____feet
Elevation (MSL) of Top of Well Casing: _____feet

15. Describe Method and Type of Drilling:
_____
_____

16. Casing:

Casing Hole Diameter: _____inches
Depth (length from surface): _____feet
Casing Type: _____Size (ID): _____in.
Wall Thickness: _____inches
Weight:_____lbs.
Material: _____

Describe the procedures of the installation of casing:

_____
_____
_____
_____
_____

17. Well Screen:

Screen Type (ID): _____inches. Slot Size: _____inches
Screen Diameter: _____inches. Material: _____
Location (from surface) _____ft. to _____ft.
Describe Method:

_____
_____
_____
_____

18. Cement Grouting:

Material: _____ Total Depth: _____ft.
Gravel Size: _____inches
Annular Thickness: _____feet. Cubic Yards of Cement Placed: _____
Describe Method of Grouting Used and Emplacement /Placement Procedures:

_____
_____
_____
_____

19. Describe Well Development Method(s):

_____
_____
_____
_____

V. Well Construction Summary:

20. Flow Measurement and Testing, if Performed:

Pump Capacity: _____gpm Static Water Level: _____feet
Pumping Water Level: _____feet Air Line Length: _____feet
Top Elevation (MSL): _____feet Bottom Elevation (MSL): _____feet
Specific Capacity at Test: _____gpm

Describe Method Used for Flow Measurement and Testing:

_____
_____
_____
_____

21. Provide a plan(s) of the well showing the following information

1. Control valves, sampling tap(s), miscellaneous fittings and appurtenances, and discharge piping;
2. Flow metering device, including size, and flow range and manufacturer;
3. Vertical cross-section of the well showing details of the casing, grouting, pump setting, gravel pack, water level measurement devices;
4. Chlorination and fluoridation equipment; and
5. Elevation and location of permanent benchmark.

22. Describe provisions for protecting the wellhead from erosion and animals and other contamination by specifying provisions for sanitary well seal, casing height above ground, and flood level elevation, etc.

_____
_____
_____
_____

23. Describe methods and procedures used for disinfecting the well.

_____
_____
_____

24. If not previously submitted, attach a log of the well to the application.

VI. Signature:

I, _____, _____state that I have
Name Title
knowledge of the facts herein set and that the same are true and correct tot he best of my knowledge and belief and are made on good faith.

Signature: _____ Date: _____

(For Agency Use Only)

Inspection of the well facilities was conducted on _____ by: _____

Findings: _____

_____

Water Sample taken on _____ by: _____. Results of the water quality analyses are attached.

Reviewed by the Chief Engineer: _____ Date: _____

Recommendations: [ ]Approved [ ]Disapproved
Reasons for disapproval: _____

_____

Signed:

_____
Administrator

Date: _____

Well Operating Permit No.: _____
Well No.: _____
Date Issued: _____
Expiration Date: _____