## **APPLICATION FOR WELL OPERATING PERMIT**

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.

l.	Backg	round Information:			
	1.	Date of Application:		_	
	2.	Type of Application:	[ ]New [ ]Extension	Previous Well Operating Numbers:	
	3.	Name of Well Owner:	(Name of indivi	dual, company, agency, etc	<del>:.)</del>
		Mailing Address:			
		Telephone Numbers:			
4. Name of Owner of property on w		erty on which we	II is located:		
			tarized permissi	located and the owner of the la	
II	Well Ir	nformation:			
	5.	Type of Well (indicate or	ne):		
		[ ] Industrial We [ ] Agricultural V [ ] Irrigation We	ell Vell Il (Golf Course)	[ ] Individual Domestic Work [ ] Recharge or Injection Volume [ ] Monitoring Well [ ] Grounding Well	
	6.	Purpose for which is to b	e used:		
	7.	Pumping Rates:		g Rate: ping Rate:	
	8.	Estimated Hours of Open	ration:	per day per month	

		per year
	9.	Estimated Volume of Water to be Pumped on an Annual Basis:gallons per year
III.	Well I	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 I	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:Ibs. Material:
		Describe the procedures of the installation of casing:

	Screen Type (ID)	):	inches.	Slot Size:		ınch	es	
	Screen Diameter							
	Location (from su					_ t	h	0
					141			- -
18.	Cement Grouting							_
	Material:			Total Dep	oth:	ft		
	Material: Gravel Size:	inche	es	·				
	Annular Thicknes							_
	Describe Metho		J	•				roceaur
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								_
								_
19.	Describe	Wel	I De	velopm	ent	Met	hod	( s
								-
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								_
Well	Construction Sum	mary:						
	EL M		t					
00	Flow Measureme	ent and Test	ing, it Perfo	ormea:				
20.	Duman Canacitus		apm	Static Water	Level:		fe	et
20.	Pumb Cabacily	I-	gp feet	Air Line Len				et
20.	Pump Capacity: Pumping Water L	_evei:		, =o =o	900.			
20.	Pumping Water L Top Elevation (M	ISL):	feet	Bottom Elev			fe	et
20.	Pumping Water L Top Elevation (M Specific Capacity	ISL): / at Test:	feet gpn	Bottom Elev	ation (MSI	L):		
20.	Pumping Water L Top Elevation (M	ISL): / at Test:	feet	Bottom Elev		L):		et Testir
20.	Pumping Water L Top Elevation (M Specific Capacity	ISL): / at Test:	feet gpn	Bottom Elev	ation (MSI	L):		
20.	Pumping Water L Top Elevation (M Specific Capacity Describe M	ISL): y at Test: ethod U	feet gpn sed foo	Bottom Elev n Flow I	ration (MSI Measure	L): ment	and	
20.	Pumping Water L Top Elevation (M Specific Capacity Describe M	ISL): y at Test: ethod U	feet gpn sed foo	Bottom Elev	ration (MSI Measure	L): ment	and	
20.	Pumping Water L Top Elevation (M Specific Capacity Describe M	ISL): y at Test: ethod U	feet gpn sed foo	Bottom Elev n Flow I	ration (MSI Measure	L): ment	and	
20.	Pumping Water L Top Elevation (M Specific Capacity Describe M	ISL): / at Test: ethod U	feet gpn sed for	Bottom Elev	ration (MSI	L): ment	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 a	nd procedures used for	disinfecting the well.		
	24.	If not previously sub	mitted, attach a log of t	he well to the applicatio	n.	
VI.	l,		n set and that the same	Title are true and correct tot	state that I have he best of my knowledge	
	Signa	ature:	Dat	e:		
(For A	Agency	Use Only)				
Inspe	ction of t	the well facilities was co	onducted on	by:		
Findin	gs:					
		e taken on analyses are attached.	by:		Results of the	
Revie	wed by	the Chief Engineer:		Date:		

	Signed:  Administrator
	Date:
Well No.: Date Issued:	ng Permit No.:  ate:
	E