

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.

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.

D e s c r i b e M e t h o d :

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 to the 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: _____