



TODO Y NILALA Y TANO MAN UNO  
ALL LIVING THINGS OF THE EARTH ARE ONE

Guam Environmental Protection Agency  
Water Resources Management Program

# WELL OPERATING PERMIT APPLICATION

Complete items No. 1 through No. 5 and all subsequent applicable item(s). Submit application fee as set forth in the Water Resource Development and Operating Regulations along with this application form and all documents required herein. No application fee is required for monitoring wells. Make checks payable to the Treasurer of Guam. Enter "N/A" where the requested information is not applicable.

## I. Background Information:

1. Application Date: \_\_\_\_\_

2. Type of Application:

New

Renewal, \_\_\_\_\_  
(Previous Well Operating Permit No.)

3. Name Of Well Owner:

\_\_\_\_\_  
(Name of individual, company, agency, etc.)

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Facsimile No.: \_\_\_\_\_

4. Name of property owner 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. Type of Well:

5. Purpose for which well is to be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Type of Well (indicate one):

A=Agricultural Well

D=Dewatering, **Go to #24**

G=Grounding Well, **Go to #11**

I1=Individual Domestic Well

I2=Industrial Well

O=Other \_\_\_\_\_

(Specify)

I3=Irrigation Well

M=Monitoring Well, **Go to #10**

P=Public Water Supply Well

Remediation Well, *Specify below*

R1=Pump & Treat

R2=All others, **Go to #11**

**Unless directed to go to a specific number, proceed to #8**

**NOTE:** Injection wells/systems require a different operating permit application form.

## III. Well Operating Information:

8. Estimated Hours of Operation:

- a. \_\_\_\_\_ Hours per Day  
b. \_\_\_\_\_ Hours per Month  
c. \_\_\_\_\_ Hours per Year

7. Pumping Rates (gallons per minute = gpm):

a. Design Pumping Rate: \_\_\_\_\_ gpm

b. Maximum Pumping Rate: \_\_\_\_\_ gpm

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

\_\_\_\_\_ Gallons per Year

**IV. Well Construction Data:**

11. Provide an as-built plan of the well showing the following applicable information:

- a. Control valves, sampling tap(s), miscellaneous fittings and appurtenances & discharge piping;
- b. Flow metering device, including size, flow range & manufacturer;
- c. Vertical cross-section of the well showing details of the casing, grouting, pump setting, gravel pack, water level measurement devices;
- d. Chlorination and fluoridation equipment; and
- e. Location of permanent benchmark for the coordinates & elevation of the well.

**10. Flow Measurement and Testing, if Performed:**

Pump Capacity: \_\_\_\_\_ gpm      Static Water Level: \_\_\_\_\_ ft.  
Pumping Water Level: \_\_\_\_\_ ft.      Air Line Length: \_\_\_\_\_ ft.  
Top Elevation (MSL): \_\_\_\_\_ ft.      Bottom Elevation (MSL): \_\_\_\_\_ ft.  
Specific Capacity at Test: \_\_\_\_\_ gpm

Describe Method Used for Flow Measurement and Testing:

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

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13. Describe methods and procedures used for disinfecting the well. (For types A & P wells only - See #5)

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14. If not previously submitted, attach the bore log, pump tests & water analytical results of the well to the application.

**IV. Well Drilling Data:**

16. Well Driller: \_\_\_\_\_

**15. Period of Well Drilling :**

Starting Date: \_\_\_\_\_  
Completion Date: \_\_\_\_\_

17. Well Drilling Permit No.: \_\_\_\_\_

19. Describe Method and Type of Drilling:

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18. Total Depth of well: \_\_\_\_\_ ft.

Elevation (msl) of Ground Surface: \_\_\_\_\_ ft.  
Elevation (msl) at Top of Wellhead Pedestal: \_\_\_\_\_ ft.  
Elevation (msl) at Top of Well Casing: \_\_\_\_\_ ft.

20. Casing:

Bore Hole Diameter: \_\_\_\_\_ in.  
 Depth (length from surface): \_\_\_\_\_ ft.  
 Casing Type: \_\_\_\_\_ Size: \_\_\_\_\_ in.  
 Wall Thickness: \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Material: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Well Screen:

Screen Type: \_\_\_\_\_ in. Slot Size: \_\_\_\_\_ in.  
 Screen Diameter: \_\_\_\_\_ in.  
 Type of Material: \_\_\_\_\_  
 Location (from surface) \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Describe Method  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Cement Grouting:

Material: \_\_\_\_\_ Total Depth: \_\_\_\_\_ ft.  
 Gravel Size: \_\_\_\_\_ in. Annular Thickness: \_\_\_\_\_ ft.  
 Volume of Cement Placed: \_\_\_\_\_ cubic yards

Describe Method of Grouting Used and Emplacement & Placement Procedures:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Describe Well Development Method(s) then **Go to #25:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

V. Dewatering Permit:

\_\_\_\_\_

24. Provide a plan describing the dewatering activity including, but not limited to calculations on the pumping rate and volume of water to be dewatered, the actual percolation rate of the proposed receiving site and duration of the project.

VI. Well Location:

\_\_\_\_\_

25. Provide a plot plan drawn to a scale of 1" = 50' showing known references such as streets, property lines, and survey monuments. With the exception of the dewatering permit, provide GGN coordinates of the well to the nearest foot which is also required in #11 above.

VII. Signature:

I, \_\_\_\_\_ of \_\_\_\_\_  
 (Type Name) (Official Title) (Name of Company, Agency, etc.)

state that I have 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)

**A. Facility Inspection:**

Conducted by: \_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(Date)*

Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Operating Permit Data:**

Well No.: \_\_\_\_\_

Well Operating Permit No.: \_\_\_\_\_

Well Type: \_\_\_\_\_

Date WRMP Completed processing permit:  
\_\_\_\_\_

**C. Water Quality *(If Necessary):***

Sampled by:  
\_\_\_\_\_  
*(Print Name)*

\_\_\_\_\_  
*(Date)*

Description of chemical(s) of concern:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Results of Laboratory Analyses are attached)*

**D. Chief Engineer Review/Approval:**

- Approve
- Disapprove, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(Reason for disapproval)*

- Other, \_\_\_\_\_  
*Indicate whether additional field investigation, clarification with well owner, or a follow-up confirmation water sampling, etc. is needed.*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*