

APPENDIX A

CITY OF PASADENA WELL PERMIT PACKAGE



**APPLICATION FOR CONSTRUCTION PLAN /
HEALTH DEPARTMENT**

SUBMITTAL REQUIREMENTS: TWO (2) SETS OF PLANS.

Business Name: NASA

Address: 4800 Oak Grove Drive City: Pasadena

State: CA Zip: 91109

Business Owner: Same as above

Holding Address: _____ City: _____

State: _____ Zip: _____

Contractor: WDC Exploration and Wells

Address: 5566 Arrow Highway City: Montclair

State: CA Zip: 91763 Telephone: | 800 | 974-2769

Architect / Engineer: Battelle

Address: 505 King Avenue City: Columbus

State: OH Zip: 43201 Telephone: | 614 | 424-7723

Contact Person: David Clexton – Registered Geologist Telephone: | 760 | 476-9144

Maximum number of employees including owner at any given time: _____ Alcoholic beverage served on premises: yes no

Seating Capacity: _____ Square Footage: _____

Food Market/Retail

- 10-5999 Sq. Ft.
- 6,000 + Sq. Ft.

Restaurants

- Full service
- Full + seats

Wells

- Drilling
- Destruction
- Construction

Food Processor

- 1 - 5,999 Sq. Ft.
- 6,000 + Sq. Ft.

Minor Remodel

- less than 200 Sq. Ft.

Payment Information

Minor Food Storage

- Food Storage
- Food Vehicle/Cart

Swimming Pools/Spas

-

Date: _____

Sewage Disposal

- New System
- Modify Existing System

Check No.: _____

Comments: _____

I declare that the amount of the fee paid is based on my declaration of the business classification of the plans submitted. If this declaration is incorrect, I understand that the plan will not be approved.

SIGNATURE: _____ Date: _____

PLAN APPROVED BY: _____ Date: _____

Note: Mechanical, Plumbing and Electrical permits may be required as a result of this permit. For questions in regards to filling out this form, please contact the Health Department at (626) 744 - 6804

WELL PERMIT APPLICATION - NON-PRODUCTION WELLS
 WATER & SEWAGE / MOUNTAIN & RURAL PROGRAMS - ENVIRONMENTAL HEALTH DIVISION
 5050 COMMERCE DRIVE, BALDWIN PARK, CA 91706 (626) 430-5380 FAX (626) 813-3016

DATE:

<input checked="" type="checkbox"/> NEW WELL CONSTRUCTION <input type="checkbox"/> RECONSTRUCTION OR RENOVATION <input type="checkbox"/> DECOMMISSIONING <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> CATHODIC <input type="checkbox"/> INJECTION <input type="checkbox"/> EXTRACTION	<input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> OTHER (Specify): _____
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WELL LOCATION	SITE ADDRESS	225 – 349 W Mountain St. CITY Pasadena	ZIP CODE 91103
	Township	Range	Section
			Map Book Page/ Grid 565/G2
	NO. OF WELLS IN EACH PARCEL: 1		Attach site map with well locations

WELL STRUCTURE	Type and Size of Production Casing	4" diameter low-carbon steel
	Sanitary / Annular Sealing Material	Volclay grout or equivalent
	Depth of Sanitary / Annular Seal	To be determined in the field
	Conductor Casing Seal	Volclay grout or equivalent

	Company	Battelle	CONSULTANT
	Contact Person	David Clextan	
	Address	505 King Avenue	
	City, State Zip	Columbus, OH 43201	
	Telephone	760-476-9144	

OWNER / DRILLER INFORMATION	Well Owner	NASA
	Address	4800 Oak Grove Drive
	City / Zip Code	Pasadena, CA 91109
	Telephone	818-393-6683
	Well Driller	WDC Exploration and Wells
	Address	5566 Arrow Highway
	City / Zip Code	Montclair, CA 91763
	C-57 License No.	283326
	Telephone	800-974-2769

IF WELL AND GEOLOGIC CONDITIONS ENCOUNTERED IN THE FIELD ARE FOUND TO DIFFER FROM THE SCOPE OF WORK PRESENTED TO THIS OFFICE, WORK PLAN MODIFICATIONS MAY BE REQUIRED

DISPOSITION OF PERMIT (Department Use Only)
 THIS PERMIT IS CONSIDERED COMPLETE WHEN THE WORK PLAN IS APPROVED AND WHEN THE WELL COMPLETION LOG IS RECEIVED. NO WELL CONSTRUCTION OR DECOMMISSIONING CAN BE INITIATED WITHOUT THE WORK PLAN APPROVAL FROM THIS DEPARTMENT.

WORK PLAN APPROVAL
 This Approval is Valid for 180 Days

Date	REHS
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Conditions

WELL DECOMMISSIONING	Well Depth log / records	Not Applicable
	Method of Well Assessment	
	Depth and Number of Perforations	
	Type of Perforator Size of Perforations	
	Type and Amount of Sealant	
	Method of Upper Seal Pressure Application	

I hereby agree to comply in every respect with all the regulations of the County Environmental Health Division and with all ordinances and laws of the County of Los Angeles and the State of California pertaining to well construction, reconstruction and decommissioning. Upon completion of the well and within thirty days thereafter, I will furnish the Environmental Health office with a completion log of the well giving date drilled, depth of the well, perforations in the casing, and any other data deemed necessary by County Environmental Health Division.

 Applicant's Signature

Applicant Name: (PRINT)
 Telephone:

FINAL INSPECTION

Date	REHS
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PERMIT ISSUED
 The well log must be submitted to this Department prior to issuance of the final approval

Date	REHS
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Figure 4-1. Proposed Monitoring Well Location

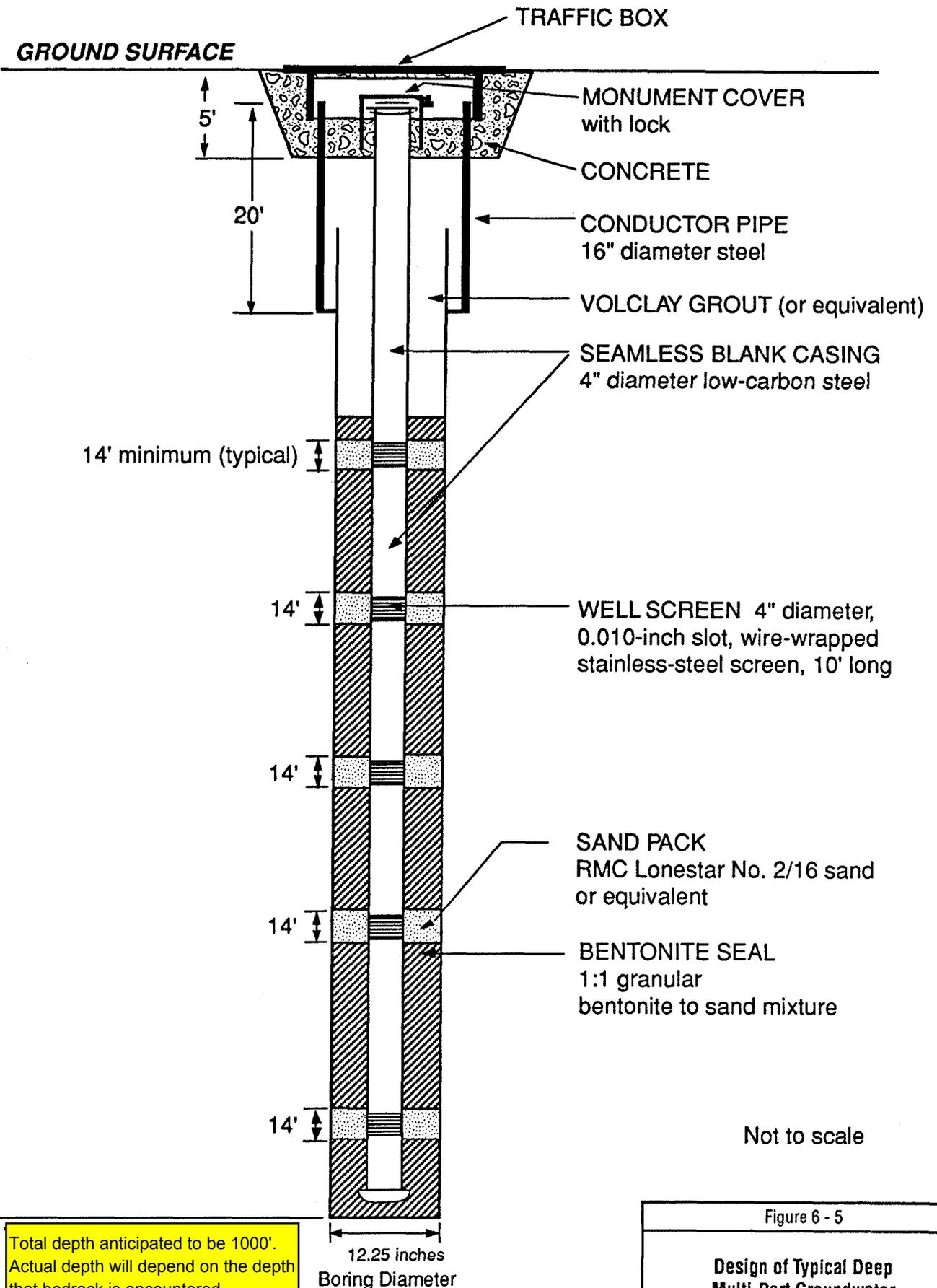
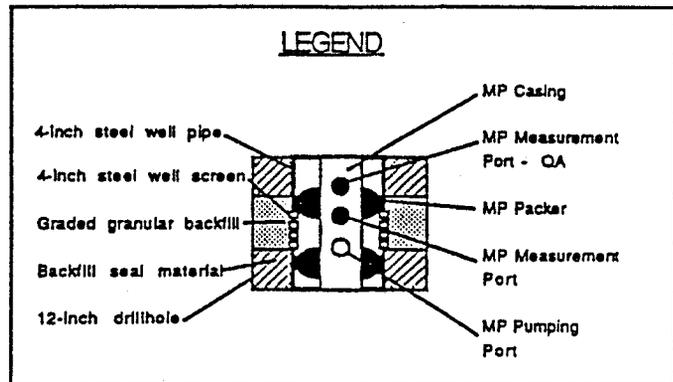
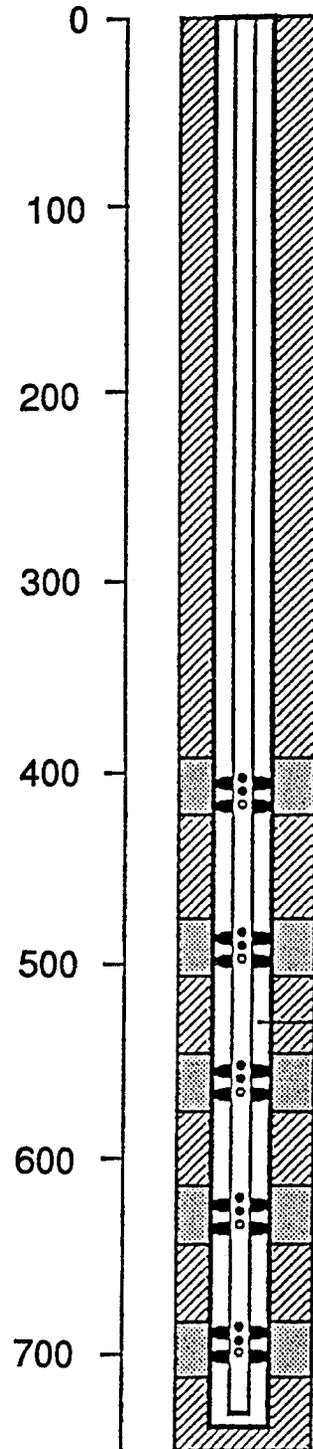


Figure 6 - 5

Design of Typical Deep Multi-Port Groundwater Monitoring Well

Depth
ft.

MP
Log



Not to scale

Primary Monitoring Zone
- for measuring fluid pressures,
collecting fluid samples,
and hydraulic-conductivity testing.

Secondary Zone
- used to measure fluid pressures
for QA testing.

Actual depths for Westbay equipment will be determined in the field based on the presence and location of sandy lithologies measured using geophysical methods.

Figure 6-6

**A Typical Multi-Port
System Installation**