

COUNTY OF SANTA CRUZ
PLANNING DEPARTMENT
701 Ocean Street, 4th Floor
Santa Cruz, CA 95060
(831) 454-2580

NOTICE OF PENDING ACTION

The Planning Department has received the following application. The identified planner may be contacted for specific information on this application.

APPLICATION NUMBER: 251404

APNs: 052-181-18 & 052-181-20

SITUS ADDRESS: No Situs

Proposal to drill a new agricultural well on Assessor's Parcel Number (APN) 052-181-18 to replace an existing well located on APN 052-181-20 which was condemned by Pajaro Valley Water Management Agency (PVWMA) in anticipation of the implementation of a water recharge project (pending application 251336). No increase in water use or change in use of the site for commercial agriculture is anticipated. Project requires a Coastal Development Permit.

Property is located on the north side of Dairy Road approximately 2000 feet south of the intersection of San Andreas Road and Dairy Road.

OWNER: Ocean Field Holdings LLC

APPLICANT: Ken Robinett

SUPERVISORIAL DISTRICT: 2

PLANNER: Evan Ditmars, (831) 454-3227

EMAIL: Evan.Ditmars@santacruzcountyca.gov

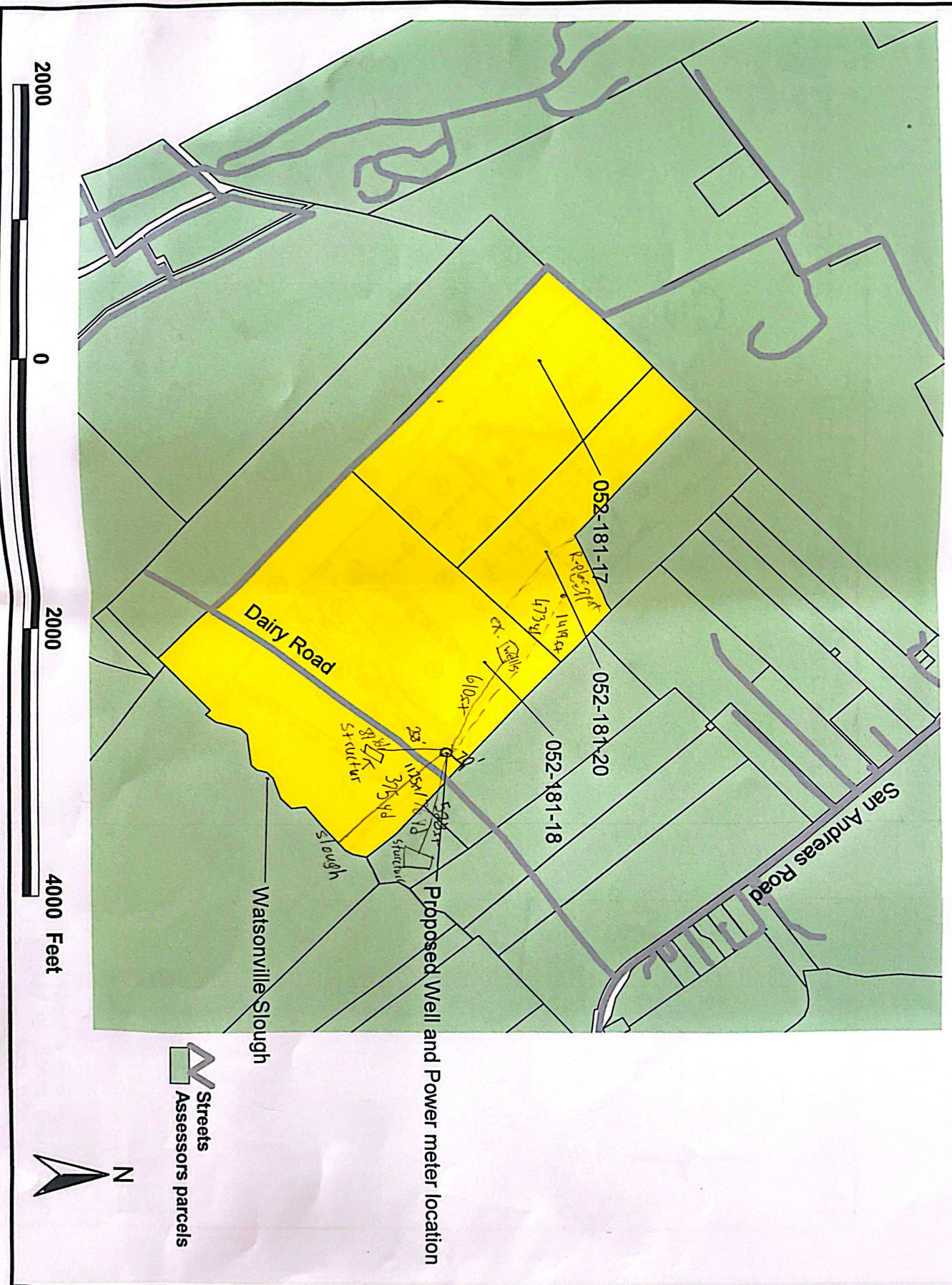
**Public comments must be received by 5:00 p.m. January 23, 2025.
A decision will be made on or shortly after January 27, 2025.**

Appeals of the decision will be accepted until 5:00 p.m. two weeks after the decision date. If you would like to request a public hearing be held for this item, please contact the project planner listed on this notice.

Information regarding the appeal process, including required fees, may be obtained by phoning (831) 454-2130.

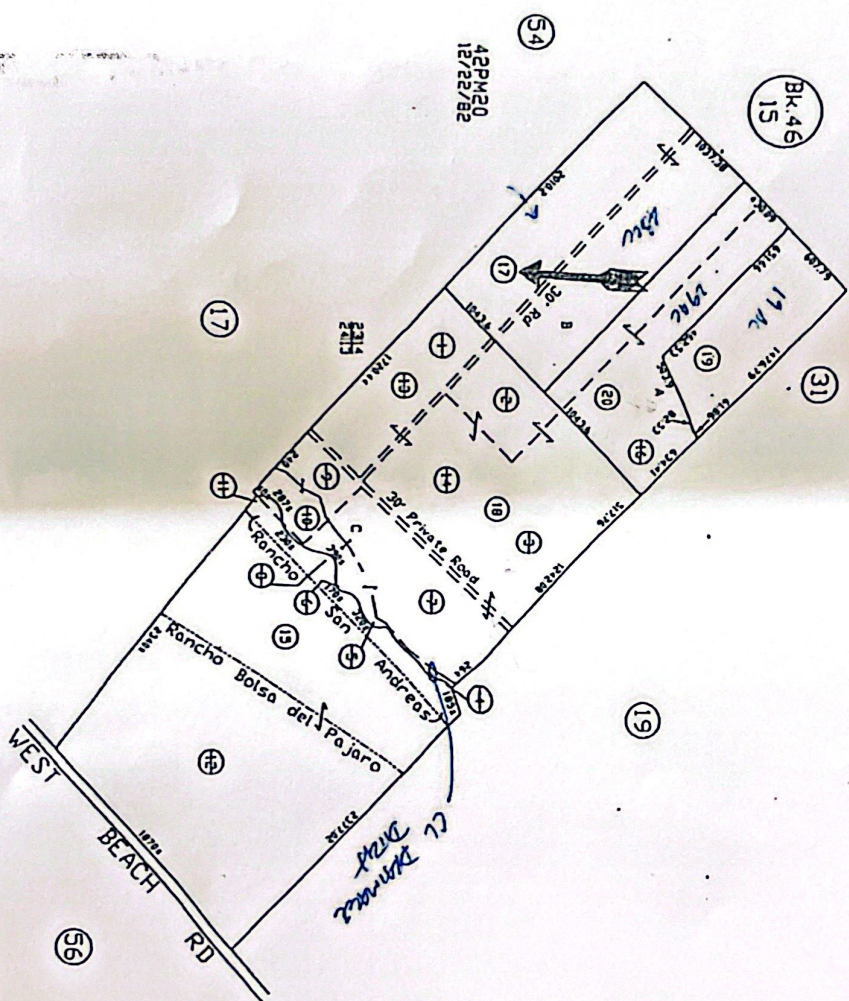
For more information, contact the project planner identified above.

Assessor's Parcel Map



52-18

Assessor's Map No. 52-18
County of Santa Cruz, Calif.
Aug. 1951



FOR REFERENCE ONLY / THIS IS NOT A SURVEY
THIS MAY BE FURNISHED ONLY FOR YOUR AND IN
LOCATING THE LOCATION OF THE SUBJECT TO OTHERS
AND OTHER PARTICLES. NO LIABILITY IS ASSIGNED FOR
ANY LOSS OR DAMAGE TO THE SUBJECTS ATTACHED. THEREBY



County of Santa Cruz



HEALTH SERVICES AGENCY

Environmental Health Division

701 Ocean St. Room 312, Santa Cruz, CA 95060

(831) 454-2022 TDD/ TTY: Call 711

www.sccch.org

WELL PERMIT APPLICATION

WELL TYPE	<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> REPLACEMENT	<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> MONITORING	<input type="checkbox"/> CATHODIC	<input type="checkbox"/> OTHER
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PROJECT LOCATION		FOR OFFICE USE	
WELL APN	052-181-18	REC DATE	
PROPERTY ADDRESS	187 San Andreas Rd	PE	AMT
CITY	Watsonville	STATE	CA
		ZIP	95076
DIRECTIONS TO SITE		CASH/CHK/MONEY ORDER CHK# DATE	
		REC ID	

REQUIRED ATTACHMENTS	
<input type="checkbox"/> OWNER/ AGENT AUTHORIZATION FORM	<input type="checkbox"/> SITE MAP

PROPERTY OWNER INFORMATION			
OWNER'S NAME	Ocean Field Holdings LLC		
MAILING ADDRESS	8 Corporate Park Ste 110	CITY	Irvine
		STATE	CA
		ZIP	92606
PHONE	949-955-0512	E-MAIL ADDRESS	minada@harborfield.com

DRILLING CONTRACTOR			
CONTRACTOR NAME	Robinett Water Well Drilling & Pump Service	LICENSE	964078
		EXP DATE	
MAILING ADDRESS	508 Echo Valley Rd	CITY	Salinas
		STATE	CA
		ZIP	93907
PHONE	831-663-2493	E-MAIL ADDRESS	robinettddrilling@gmail.com

WELL DETAILS	
APN OF PROPERTIES SERVED BY WELL (IF MULTIPLE)	052-181-18 052-181-20 052-181-17

INTENDED USE			
<input type="checkbox"/> DOMESTIC	NUMBER OF RESIDENCES SERVED (EXCLUDING ADUs) _____		
<input type="checkbox"/> REGULATED WATER SYSTEM	NAME OF SYSTEM _____ ESTIMATED WATER USE (AFY) _____ WILL WATER USE INCREASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input checked="" type="checkbox"/> AGRICULTURAL	NUMBER OF ACRES	100.2	ESTIMATED WATER USE (AFY) _____ WILL WATER USE INCREASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> COMMERCIAL/ INDUSTRIAL	TYPE	_____	ESTIMATED WATER USE (AFY) _____ WILL WATER USE INCREASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MONITORING	TYPE (GROUNDWATER, VADOSE, OTHER) _____		

DISTANCE FROM WELL TO	SEPTIC SYSTEMS	200+ FT	ANOTHER WELL	600+ FT	NEAREST PROPERTY LINE	75 FT	STREAM OR WATER BODY	n/a FT
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WELL CONSTRUCTION AND DESIGN			
TYPE OF WELL CONSTRUCTION	<input checked="" type="checkbox"/> ROTARY	<input type="checkbox"/> OTHER	_____
CASING	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DOUBLE	MATERIAL PVC TYPE OF JOINT _____
DEPTH	350 FT	DIAMETER	22 IN
PROPOSED DEPTH OF SEAL	50 FT	WIDTH OF SEAL	4 IN

APN 052-181-18

EXISTING WELLS ON THE PROPERTY			
NUMBER OF WELLS ON THE PARCEL	DOMESTIC _____	AGRICULTURAL _____	COMMERCIAL/ INDUSTRIAL _____ MONITORING _____
CONDITION OF OTHER WELLS	<input checked="" type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> TO BE DESTROYED
ARE EXISTING WELLS METERED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	METER READING <u>473382</u>
REASON FOR THE NEW WELL (IF REPLACING OR SUPPLEMENTING)	<input type="checkbox"/> DECLINING WATER LEVEL	<input type="checkbox"/> SILTATION/MINERALIZATION	<input type="checkbox"/> BROKEN CASING/SEAL
	<input checked="" type="checkbox"/> OTHER _____		

ACKNOWLEDGEMENTS

I hereby agree to comply with all laws and regulations of the County of Santa Cruz and State of California pertaining to well construction and declare under penalty of perjury the information submitted on this application is true and correct.

I cannot begin work until this permit application is reviewed and approved.

Once my permit is approved, I will contact Environmental Health (EH) 24-48hrs prior to commencement of work.

I understand that this permit expires one year from the date of issuance.

AUTHORIZED AGENT SIGNATURE: _____

DATE: 8/19/25NAME (PRINT): Kenneth Robinson

FOR OFFICE USE ONLY

APPLICATION APPROVED BY: _____

DATE: _____

Well Application Supplemental Information Sheet Water Use and Water Conservation Measures

For well permit application # _____, on APN 052-181-18

The Santa Cruz County Well Ordinance (Section 7.70.110) specifies that all well permit applications must specify the parcels proposed to be served, the type of land uses to be served, the estimated annual water use, and the presence of any existing wells which also serve those uses. The Health Officer may require documentation to support the water use estimates provided. For wells which will serve more than four residential connections or which will serve nonresidential uses which can be expected to utilize more than 2 acre-feet of water per year, measures must be taken to ensure that groundwater is put to beneficial use and is not wasted. These may include completion and implementation of a water use efficiency audit, and/or installation of water conservation measures (Attachment 1).

The applicant must provide in writing the following information:

The proposed well is a (circle one) replacement supplemental new

Water will be used for: Residential: Number of Units N/A
(Indicate all that apply) Commercial or Industrial (Describe) Commercial-Ag
Irrigation: acreage and crop type: Crop Rotation (Strawberry and Leafy Greens)
Other: _____

Water will be used on the following parcels: 052-181-18 052-181-20 052-181-17

Reasons for Needing Proposed Well (circle all that apply):

New Use Declining Production Declining Water Quality Sanding Casing Collapse Other
Eminent Domain

Number of other wells on property or serving the property: 08

For each well provide the following information:

Location/Description/APN:	Depth:	Diameter:	Pump Size:	Metered or Est. Water Usage	Status:
1. 052-181-18	<u>350</u>	<u>12"</u>	<u>125 hp</u>		In use
2. <u>052-181-18</u>	<u>?</u>	<u>6"</u>	<u>7.5 hp</u>		<u>IN use</u>
3. <u>052-181-20</u> ← <u>Replacement</u>	<u>270</u>	<u>12"</u>	<u>100 hp</u>		<u>IN use</u>

Estimated annual water use from new well will be: +/- 260 Acre/ft per year 145

Briefly describe how use was estimated (attach back up information as necessary)

Estimated usage based on actual usage during the last 12 months

List water conservation measures:

1. Drip line irrigation
- 2.
- 3.
- 4.
- 5.

in place: to be installed:
installed yearly during harvesting season

Applicant must provide the following as Attachments to this form:

- 1.) Plot plan showing all existing wells on the properties to be served by existing and proposed wells.
- 2.) Well logs for existing wells or other information on depth and perforations of existing wells.
- 3.) If the existing well(s) are metered, submit the past two years of water meter readings.
- 4.) For agricultural irrigation wells, submit a completed "Agricultural Water Conservation Questionnaire"

Name of Person Preparing Checklist

Signature

Date

Return this form to: Environmental Health, 701 Ocean St., Room 312, Santa Cruz, CA 95060; or, Fax (831)454-3128

Agricultural Water Conservation Questionnaire

*It is intended for the growers(s) to fill in this questionnaire.
Please check all that apply, fill in the acreage blanks and sign below.*

- ☐ **I farm the property** that will utilize water from the proposed new well; the information included in this Agricultural Water Conservation Questionnaire is correct; I am engaged in the business of raising crops for commercial purposes; and I will implement the irrigation management practices selected in this plan during the growing season.

I am the ☐ Landowner-Grower; ☒ Lessee-Grower; ☐ Other: _____

The amount of acreage that I will farm/operate

- ☒ ... **will not change** after installation of the new well.
☐ ... **will increase** after installation of the new well.
☐ ... **will decrease** after installation of the new well.
☐ ... **will undergo a crop change** after installation of the new well.

	Existing	After New Well
1 Gross Acres (All acreage including farm roads, buildings, etc.)	140	140
2 Net Acres (Physical field acres, Nurseries, excluding farm roads, buildings, etc.)	140	140
3 Crop Acres (Net Acres multiplied by number of crops per year)	140	140
4 Number of Irrigation Wells (State reason for change in number of wells in box below, i.e., abandoned, newly drilled, well went inactive, well re-activated, added or lost adjacent ranch lands:	2	2

X _____ X _____
Signature Print Name Date Phone No.

COMPANY: Healthy Harvest Berries, Inc
CONTACT: Alvaro Gonzalez
ADDRESS: 560 Salinas Road
CITY, STATE ZIP: Royal Oaks, CA 95076

- ☐ I would like my raw data kept confidential.

Comments:

Total Net Acres: 140

Agricultural Water Conservation Questionnaire

Please complete the chart below listing the number of acres associated with the general crop types and irrigation methods. Record the sum of all listed acres on the Total Acres line below the chart (do not multiply by number of crops per year).

		IRRIGATION METHOD (NET ACRES)								
	Average number of crops per acre	Furrow Only	Sprinkler/Furrow combination	Hand-move sprinkler only	Solid-set or permanent sprinkler	Sprinkler/Drip Combination	Drip Only	Micro-spray/Micro-sprinklers	Linear-Move (overhead)	Other (specify):
The Total NET Acres below, must equal your Net Acres from page 1										
Vegetables						80				
Field Crops (beans, grain, etc.)										
Berries	1.0					60				
Grapes	1.0									
Tree Crops	1.0									
Forage Crops (alfalfa, pasture, etc.)										
Others:										
Set-aside (fallow)										
						Total Net Acres: 140				

Results of this irrigation method survey provide valuable and unique information regarding the status of irrigation practices in the various watersheds in Santa Cruz County. The intent is that results from this survey will substantiate that adequate measures have or will be implemented to mitigate the potential impacts of the new or replacement well as required in lieu of environmental review for individual well permits.

Agricultural Water Conservation Questionnaire

Irrigation Best Management Practices (BMPs)

For Current Condition: please indicate whether or not the management practice was implemented and how many acres (*net acres*) were affected by the practice.

For After Installation: Please indicate whether or not you intend to implement the management practice and how many acres would be affected by the practice.

For guidelines and definitions of terms, please refer to the attached appendix.

<u>Irrigation Management Practices</u>	Current Condition				After Installation			
	Yes	No	N/A	Net Acres	Yes	No	N/A	Net Acres
Water Flowmeter(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Time-clock on pump and/or pressure switch on booster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Use of Soil Moisture Sensors (tensiometer or neutron probe) and/or ET Data (CIMIS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Pre-irrigation Reduction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Agricultural Mobile Irrigation Lab	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Irrigation Efficiency Audit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Transplants (for crops not normally transplanted)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Educational Sessions (Applies to all Net Acres. List sessions attended below.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Conservation Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reuse of Tailwater or Run-off	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Recycled Water (PVWMA Recycled Water Project)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Summer Fallow (90 days between Apr.1 and Sep.30) or Other Fallow (210 consecutive days)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
12-month Set-aside	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

List other BMPs or innovative ideas that you incorporate on your ranches not listed above (i.e., PAM, drip germination, variety selection, furrow dikes, etc.):

Santa Cruz County Environmental Health

<u>Sprinkler Irrigation System Improvements</u>	Current Condition				After Installation			
	Yes	No	N/A	Net Acres	Yes	No	N/A	Net Acres
Reduced Sprinkler Spacing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler Improvements (uniform nozzle sizes And/or flow control nozzles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-wind Irrigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Leakage Reduction (replacing gaskets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Linear-Move (overhead)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<u>Micro Irrigation Systems</u>								
Drip Tape / Hose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pressure Compensating Emitters / Tape (reduce pressure fluctuations along a row)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Micro-spray / Micro-sprinklers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Surface Irrigation system Improvements</u>								
Surge Flow Irrigation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Shorten Field Run (Lessen furrow length or add a manifold line down center of field to cut water run in half)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Tailwater Return System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Laser Leveling / Major Land Grading	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

List other BMPs or innovative ideas that you incorporate on your ranches not listed above (i.e., PAM, drip germination, variety selection, furrow dikes, etc.):

Healthy Harvest Berries, Inc.
Item QuickReport
June 30, 2024 through December 31, 2025

Service	Type	Date	Num	Name	Memo	Qty AC/FT
PVWMA (PVWMA)						
025321-000 (187 B SAN ANDREAS RD) WELL 00797						
METER# 940342 & 20021558 (187 B SAN ANDREAS RD-WELL 00797 *JD1 RANCH)						
Bill	06/30/2024	025321-000	PVWMA	187 B SAN ANDREAS RD-WELL 00797 *JD1 RANCH 03/07/2024 - 06/06/2024 Meter# 940342		65.419
Bill	09/30/2024	025321-000	PVWMA	187 B SAN ANDREAS RD-WELL 00797 *JD1 RANCH 06/12/2024 - 09/06/2024 Meter# 940342		21.794
Bill	12/31/2024	025321-000	PVWMA	187 B SAN ANDREAS RD-WELL 00797 *JD1 RANCH 09/07/2024 - 12/03/2024 Meter# 940342		30.941
Bill	03/28/2025	025321-000	PVWMA	187 B SAN ANDREAS RD-WELL 00797 *JD1 RANCH 12/04/2024 - 03/05/2025 Meter# 940342		37.707
Bill	06/30/2025	025321-000	PVWMA	187 B SAN ANDREAS RD-WELL 00797 *JD1 RANCH 03/06/2025 - 06/03/2025 Meter# 940342		49.438
Bill	06/30/2025	025321-000	PVWMA	187 B SAN ANDREAS RD-WELL 00797 JD1 RANCH 03/06/2025 - 06/03/2025 Meter# 20021558		49.03
187 B SAN ANDREAS RD-WELL 00797 *JD1 RANCH)						254.329 Total
						42.38817 Av Acre Feet

Acro Feet

65.419

21.794

30.941

37.707

49.438

49.03

254.329 Total

42.38817 Av Acre Feet

155.861 Total/yr



County of Santa Cruz

HEALTH SERVICES AGENCY Environmental Health Division

701 Ocean St. Room 312, Santa Cruz, CA 95060
(831) 454-2022 TDD/TTY: Call 711
www.sccph.org



WELL DESTRUCTION PERMIT APPLICATION

PROJECT LOCATION	FOR OFFICE USE	
WELL APN 052-181-20	REC DATE	
PROPERTY ADDRESS : 187 San Andreas Rd	PE	AMT
CITY STATE ZIP Watsonville, CA 95076	CASH/CHK/MONEYORDER CHK# DATE	
DIRECTIONS TO SITE	REC ID	

REQUIRED ATTACHMENTS

☐ SITE MAP ☐ OWNER/ AGENT AUTHORIZATION FORM

PROPERTY OWNER INFORMATION

OWNER'S NAME: Ocean Field Holdings LLC

OWNER'S MAILING ADDRESS CITY STATE ZIP: 8 Corporate Park STE 110 Irvine, CA 92606

PHONE E-MAIL ADDRESS : 949-955-0512 minada@harborfield.com

DRILLING CONTRACTOR

CONTRACTOR NAME LICENSE : Robinett Water Well Drilling & Pump Service

MAILING ADDRESS CITY STATE ZIP: 508 Echo Valley Rd Salinas CA 93907

PHONE E-MAIL ADDRESS: 831-663-2493 robinettdrilling@gmail.com

WELL DETAILS

APN OF PROPERTIES SERVED BY WELL (IF MULTIPLE)

052-181-17 + 052-181-18

TYPE OF WELL BEING DESTROYED DOMESTIC IRRIGATION COMMERCIAL USE OTHER

WELL DESTRUCTION

DEPTH OF WELL (FT) DEPTH OF SEAL (FT) NUMBER OF WATER FORMATIONS PENETRATED

TYPE OF CASING PERFORATION METHOD

CLEANING OF WELL REQUIRED? YES NO SEALING MATERIAL

REASON FOR DESTRUCTION

270 ft 160' seal

MSCWW.050 slot

NO

ACKNOWLEDGEMENTS

I hereby agree to comply with all laws and regulations of the County of Santa Cruz and State of California pertaining to well destruction and declare under penalty of perjury the information submitted on this application is true and correct.

I cannot begin work until this permit application is reviewed and approved.

Once my permit is approved, I will contact Environmental Health (EH) 24-48hrs prior to commencement of work.

I understand that this permit expires one year from the date of issuance.

AUTHORIZED AGENT SIGNATURE: _____


DATE: _____

FOR OFFICE USE ONLY

APPLICATION APPROVED BY: _____

DATE: _____

WELL DESTRUCTION PERMIT APPLICATION – EHD 310 LU [Revised 5/2025]

ATTACHMENTS (2)		CERTIFICATION STATEMENT	
_____ Geologic Log _____ Well Construction Diagram _____ Geophysical Log(s) _____ Soil/Water Chemical Analyses _____ Other _____		I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief. CHAPPELL PUMP & SUPPLY NAME _____ <small>(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)</small> 585 LAS ANIMAS AVE, GILROY, CA, 95020 ADDRESS _____ CITY _____ STATE _____ ZIP _____  DATE SIGNED 4/28/95	
PRINTED INFORMATION, IF IT EXISTS _____		DATE SIGNED _____ PRINTED INFORMATION, IF IT EXISTS _____	