

COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 VENTURA AVENUE, SANTA ROSA, CA 95403-2829
(707) 565-1900 FAX (707) 565-1103

Application Fees / Invoice for: WEL09-0308

Project Address: 15001 MEYERS GRADE RD FTR

Cross Street:

APN: 109-160-020

Description: NEW CLASS 1 WELL FOR TASTING ROOM

Printed: September 16, 2009
Initialized by: CCAMILLE
Activity Type: B-WEL 901
PCAS #:

Owner: SCHWARTZ LESTER TR
1212 OAKLAND AVE
PIEDMONT, CA 94611-4146

Applicant: FISCH BROS DRILLING
5001 HWY 116 N
SEBASTOPOL CA

95472
707 823 3891

Fees:

Item#	Description	Account Code	Tot Fee	Prev. Pmts	Cur. Pmts
391	CLASS I WATER WELL	025015-1343	601.00	.00	.00
			601.00	0.00	

Total Fees: \$601.00
Total Paid: \$0.00

Balance Due: \$601.00

When validated below, this is your receipt.

*Turn to
Rebecca M.*

*Forward to
Fisch Bros
10/24/09
DEL*

PAYMENT RECD
\$ 601.00
SEP 16 2009
PERMIT AND RESOURCE
MANAGEMENT DEPARTMENT
COUNTY OF SONOMA

Well Permit Application

WLS-031

PAYMENT RECEIVED

SEP 16 2009

15001 Meyers Grade Rd Well 09-0308
 Site Address: Jenner Permit Number: 109-160
 City/Town: Schwartz Trust State: Zip: Assessor's Parcel Number: fish bros drilling
 Owner Name: 1212 Oakland Ave Well Driller Name: 5001 Bravenstein Hwy N
 Mailing Address: Piedmont CA 94611-4146 Mailing Address: Sebastopol CA 95472
 City/Town: 415 385-4995 State: Zip: City/Town: 399226 State: Zip:
 Phone: Lester Schwartz License Number: 8233891 8299461
 Contact Person: Phone: Fax:

The validity of this permit depends upon the accuracy of the information provided by the applicant. A site plan must accompany this application. In addition to the information required on the Minimum Standard Site Plan (Form CSS-019), the site plan shall also include the proposed well location, existing well(s) location(s), GPS coordinates of proposed well, sewer mains and laterals, and other potential sources of contamination. If an inadequate site plan is provided and a second field visit is required, a charge at the current hourly rate will be assessed. The precise site location of the proposed well must be staked with the driller's name.

INDICATE TYPE AND NUMBER OF PROPOSED WELLS/BORINGS:

Indicate use: Residential Community Irrigation Industrial tasting room
 Reason for new well: _____

Destruct Class I Well Class II Well Reconstruction Reason for Class II: _____
 [] Geotechnical Borings [] Geotexchange [] Monitoring [] Cathodic [] Dewatering
 [] Performance Well [] Piezometer [] Inclinator [] Other: _____

Total number of wells on property: 3 Number in use: 2 Number inactive: 1 Number abandoned: _____

Well located within an existing public water system boundary: Yes No Name of System: _____

CONSTRUCTION PROPOSED:

Casing: Diameter: 5" Gauge: 200 Material: PVC Gravel-Pack Conductor: Yes No
 Sand Pack
 Annular Space: Size: 2" Depth of Seal: 50' Seal Material: bentonite
 Method of Disinfection: hth Method of Sealing: cap Type of Joint: glue
 Access Opening: _____

DESTRUCTION PROPOSED: Well Diameter: _____ Well Depth: _____ Well Casing: _____

Method of Destruction: _____

WORKER'S COMPENSATION DECLARATION

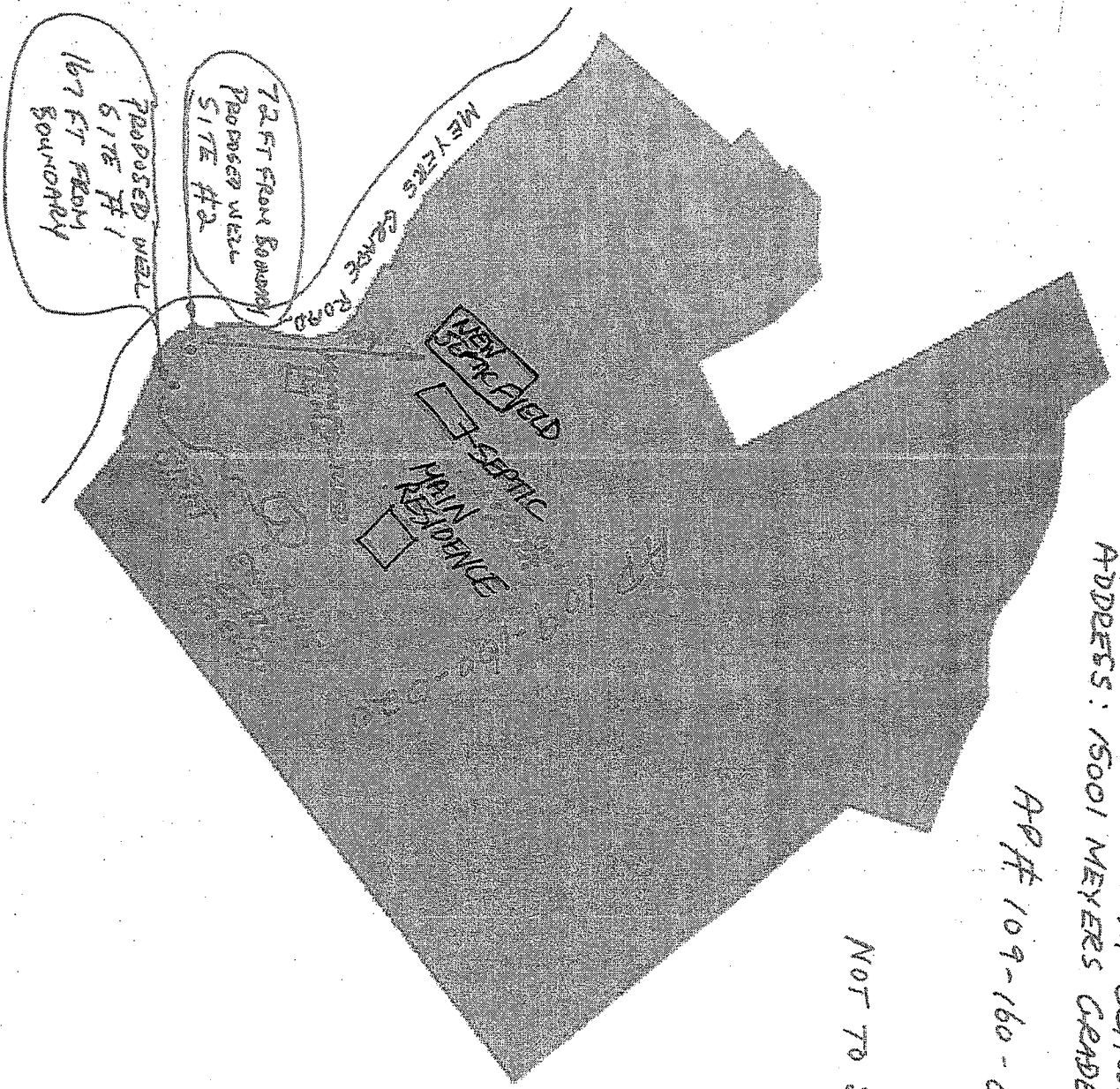
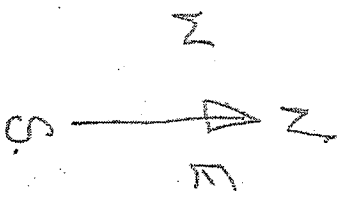
I hereby affirm under penalty of perjury one of the following declarations:
 I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
 I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:
 Carrier: State fund comp
 Policy No. _____
 (This section need not be completed if the permit is for one hundred dollars (\$100) or less).

I hereby agree to comply with all laws and regulations of the County of Sonoma and State of California pertaining to water well construction. I will telephone (707) 565-6120 to notify the Environmental Health Specialist 24 hours prior to commencing this work. I will furnish the Permit and Resource Management Department and the owner a copy of the State Well Completion Report within thirty (30) days in order to obtain final approval on this well as required by SONOMA COUNTY CODE, CHAPTER 25B. I acknowledge that the application will become a permit only after site approval and payment of fee. I understand that this permit is not transferrable and expires one year from the date of issuance.
 Signature of Well Driller: _____ Date: 09/16/09

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

Site 3 Approved (TF) 10/12/09
 DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff
 Site approved by: TF Date: 9/30/09 Seal Inspection Date: _____ EHS
 Finaled by: _____ Date: _____ GW Zone: 1 2 3 4

Comments: The well must be effectively sealed to protect it from surface water inflence

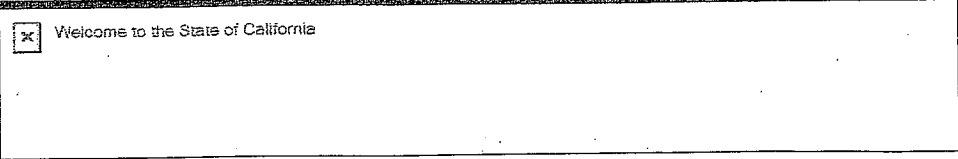


OWNER: LESTER & LINDA SCHWARTZ TRUST
ADDRESS: 15001 MEYERS GRADE RD. JENNER
CA 95405

APP 109-160-020.

NOT TO SCALE





Contractor's License Detail - License # 399226



DISCLAIMER: A license status check provides information taken from the CSLB license database. Before relying on this information, you should be aware of the following limitations.

- CSLB complaint disclosure is restricted by law (B&P 7124.6). If this entity is subject to public complaint disclosure, a link for complaint disclosure will appear below. Click on the link or button to obtain complaint and/or legal action information.
Per B&P 7071.17, only construction related civil judgments reported to the CSLB are disclosed.
Arbitrations are not listed unless the contractor fails to comply with the terms of the arbitration.
Due to workload, there may be relevant information that has not yet been entered onto the Board's license database.

License Number: 399226 Extract Date: 09/16/2009

Business Information: FISCH BROS DRILLING
5001 GRAVENSTEIN HIGHWAY NO
SEBASTOPOL, CA 95472
Business Phone Number: (707) 823-3891

Entity: Corporation

Issue Date: 02/13/1981

Expire Date: 02/28/2011

License Status: This license is current and active. All information below should be reviewed.

Table with 2 columns: CLASS, DESCRIPTION. Rows include A GENERAL ENGINEERING CONTRACTOR and C57 WELL DRILLING (WATER).

CONTRACTOR'S BOND
This license filed Contractor's Bond number SC589237 in the amount of \$12,500 with the bonding company AMERICAN CONTRACTORS INDEMNITY COMPANY.

Bonding: Effective Date: 03/02/2009
Contractor's Bonding History

BOND OF QUALIFYING INDIVIDUAL
1. The Responsible Managing Officer (RMO) EDWARD JAMES FISCH certified that he/she owns 10 percent or more of the voting stock/equity of the corporation. A bond of qualifying individual is not required.
Effective Date: 02/13/1981

This license has workers compensation insurance with the STATE COMPENSATION INSURANCE FUND

Workers' Compensation: Policy Number: 059-0000341
Effective Date: 01/01/1998
Expire Date: 01/01/2010
Workers' Compensation History

wel09-0308

ATTN: Tracy

Well Permit Application

Silvia → TF 9/14/09

WLS-031

15001 Meyers Grade Rd NOT need to date

Site Address: Jenner Permit Number: 109-160-020

City/Town: Schwartz TRUCKEE State: CA Zip: 96141 Approver's Parcel Number: Fish Bros drilling

Owner Name: 1212 Oakland Ave Well Driller Name: 5001 Bravenstein Hwy N

Mailing Address: Piedmont CA 94601-4946 Mailing Address: Sebastopol CA 95472

City/Town: 415 305-4995 State: CA Zip: 94924 City/Town: Sebastopol State: CA Zip: 95472

Phone: Lester Schwartz License Number: 8233991 8299261

Contact Person: Phone: _____ Fax: _____

The validity of this permit depends upon the accuracy of the information provided by the applicant. A site plan must accompany this application, in addition to the information required on the Minimum Standard Site Plan (Form C-SS-015). The site plan shall also include the proposed well location, existing well(s) location(s), GPS coordinates of proposed well, sewer mains and laterals, and other potential sources of contamination. If an inadequate site plan is provided and a second field visit is required, a charge at the current hourly rate will be assessed. The precise site location of the proposed well must be staked with the driller's name.

INDICATE TYPE AND NUMBER OF PROPOSED WELLS/BORINGS:

Indicate use: Residential Community Irrigation Industrial drilling room gate 3000

Reason for new well: _____

Destruct Class I Well Class II Well Reconstruction Reason for Class II: _____

Geotechnical Borings Geoelectrics Monitoring Cathodic Dewatering

Performance Well Piezometer Indicometer Other: _____

Total number of wells on property: 3 Number in use: 2 Number inactive: 1 Number abandoned: _____

Well located within an existing public water system boundary: Yes No Name of System: _____

CONSTRUCTION PROPOSED:

Casing: Diameter: 5" Gauge: 20 Material: PVC General Pack: Sand Pack: Conductor: Yes No

Annular Space: Size: 2" Depth of Seat: 50' Seal Material: bentonite

Method of Disinfection: hth Method of Sealing: Comp Type of Joint: glue

Access Opening: _____

DESTRUCTION PROPOSED: Well Diameter: _____ Well Depth: _____ Well Casing: _____

Method of Destruction: _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 5700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain worker's compensation insurance, as required by Section 5700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier: State Farm of CA 10730

Policy No.: _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I hereby agree to comply with all laws and regulations of the County of Sonoma and State of California pertaining to water well construction. I will telephone (707) 865-5720 to notify the Environmental Health Specialist 24 hours prior to commencing this work. I will furnish the Permit and Resource Management Department and the owner a copy of the State Well Completion Report within thirty (30) days in order to obtain final approval on this well as required by SONOMA COUNTY CODE, CHAPTER 28B. I acknowledge that the application will receive a permit only after state approval and payment of fee. I understand that this permit is not transferable and expires one year from the date of issuance.

Signature of Well Driller: _____ Date: 09/14/09

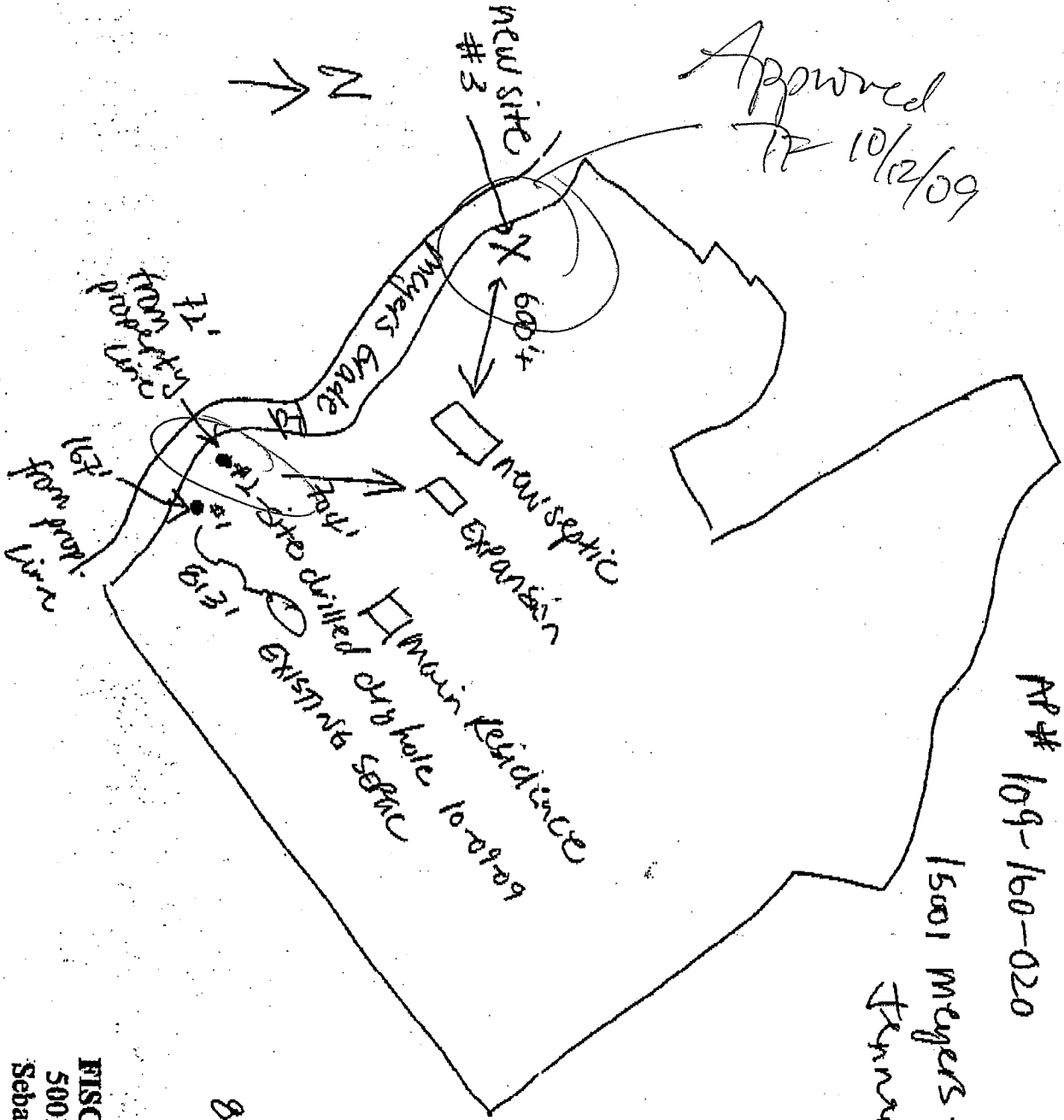
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

DO NOT WRITE BELOW THIS LINE - To Be Completed by PERMITS Staff

Site approved by: _____ Date: _____ Seal Inspection Date: _____ EMS

Filed by: _____ Date: _____ GW Zone: 1 2 3 4

Comments: _____



Schwartz

AP# 109-160-020

15001 Meyers Grade Rd

Tennor

847 3460

FISCH BROS. DRILLING
 5001 Gravenstein Hwy. N.
 Sebastopol, CA 95472-2100