



ADMINISTRATIVE/CONDITIONAL USE PERMIT

APPLICATION PROCESS

STEP 1

INITIAL CONSULTATION

Applicants are encouraged to consult with Community Development Department staff prior to submittal of an application.

STEP 2

APPLICATION SUBMITTAL

FEE

A list of current fees is available at the Community Development Department (Planning Counter) and on the Community Development Department website. The following forms of payment are accepted: cash, credit card (processing fee of \$1.35 or 2.29% [whichever is greater] applies), debit card (processing fee of \$1.35 applies) and check (made payable to San Joaquin County Treasurer).

FORM

Seven (7) copies of the completed application with signatures from all owners

SITE PLAN

Twelve (12) copies of a folded 24" x 36" site plan, and two (2) reduced 8½ x 11 copies

ENVIRONMENTAL HEALTH FORMS

One (1) copy of a completed Hazardous Materials Disclosure Survey form, one (1) copy of the Water Usage Information form & one (1) copy of the Water Provision Declaration form

AIRPORT LAND USE COMMISSION

One (1) copy of a receipt from the Airport Land Use Commission (ALUC), if applicable. Projects requiring ALUC review include:

- Structures (including antennae) over 200 feet in height
- All projects located within Airport Influence Areas

For current fees visit: <https://www.sjcog.org/DocumentCenter/View/5043/2019-ALUC-Fee-Schedule>

For project review guidelines visit: <https://sjcog.org/DocumentCenter/View/5041/2019-ALUC-Project-Review-Guidelines?bidId=>

DEED

One (1) copy of the recorded deed(s) of the property

SERVICES

If a connection to any public facility (water, sewer, or storm drainage) is proposed, a "will-serve" letter from the appropriate entity is required at the time of filing.

APPLICATION COMPLETE

The Community Development Department will review the application for completion. Pursuant to Government Code §65943; 14 California Code of Regulations §§ 15060(a), 1510, the Community Development Department will notify the applicant in writing within 30 days from the date of submittal whether the application is deemed complete for processing.

STEP 3

APPLICATION PROCESSING

CEQA

The Community Development Department will determine if the project is subject to the California Environmental Quality Act (CEQA), and process the applicable environmental document accordingly. Processing times may vary depending on the applicable level of environmental review.

REVIEW

Site Approval applications are reviewed using the Staff Review with Notice Procedure (Development Title Chapter 9-215). Use Permits shall be reviewed using the Public Hearing Procedure (Development Title Chapter 9-220).

APPEAL

Unless otherwise specified, staff's determination may be appealed to the Planning Commission. Planning Commission decisions may be appealed to the Board of Supervisors (Development Title Section 9-215.12).



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COMMUNITY DEVELOPMENT DEPARTMENT ADMINISTRATIVE/CONDITIONAL USE PERMIT

STEP 4

CONDITIONS AND ADDITIONAL PERMITS

ADDITIONAL PERMITS

Approved projects may be subject to additional permitting requirements.

NOTICE OF DETERMINATION

A Notice of Determination for approved development projects subject to CEQA shall be filed by the Community Development Department within five (5) working days of project approval. A fee, as determined by the Department of Fish and Wildlife, shall be required prior to filing. (Public Resource Code § 15075)

For current fees visit: <https://www.wildlife.ca.gov/Conservation/CEQA/Fees>



COMMUNITY DEVELOPMENT DEPARTMENT ADMINISTRATIVE/CONDITIONAL USE PERMIT

FILE NUMBER: _____

PRE-APPLICATION:

☐

Owner Information	Applicant Information
Name:	Name:
Mailing Address:	Mailing Address:
Phone:	Phone:
Email:	Email:
Applicant's Representative Information	Design Professional Information
Name:	Name:
Mailing Address:	Mailing Address:
Phone:	Phone:
Email:	Email:

Project Description (Attach additional sheets as necessary)	
Type of application (check only one, separate applications required for each):	<input type="checkbox"/> Administrative Use Permit or <input type="checkbox"/> Conditional Use Permit
Project Summary:	
Will the project include more than one (1) phase? (maximum of 2 phases) Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Length of time (maximum of 5 years):	
Note: For questions regarding phasing, contact the Planning Division at 209-468-3121.	
Is this application tied to another discretionary application?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
	Related Planning Application (PA) number(s):

Property Information			
Assessor Parcel Number	Property Address	Property Size	Williamson Act Contract
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			Yes: <input type="checkbox"/> No: <input type="checkbox"/>



FILE NUMBER: _____

Airport Land Use Commission

Within an Airport Area of Influence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Includes structure over 200 feet in height?	Yes <input type="checkbox"/> No <input type="checkbox"/>	ALUC fees paid?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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OPERATIONS

Employees/Customers/Deliveries per Work Shift
(Attach additional sheets as necessary)

Shift #	Shift Hours	Days of Operation	Average Number of Employees Per Shift		Average Number of Customers per Shift		Average Deliveries/Shipments per Shift		Seasonal Or Year-round?
			Existing	Proposed	Existing	Proposed	Existing	Proposed	
#1									
#2									
#3									
#4									

Surface Transportation Assistance Act (STAA)

Will STAA type trucks, over California Legal length, be used as part of the proposed operation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Existing route: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Note: Contact the Department of Public Works for information regarding STAA routes at 209-468-3000

Buildings and Structures
(This information must be shown on the Site Plan)

Structure Number (as shown on site plan)	Proposed Use(s)	Number of Floors	Square Footage per Floor	Total Square Footage	Building Height	Occupancy

On-Site Parking

Full-size Parking Spaces (Number)		Compact Parking Spaces (Number)		ADA Parking (Number)		Total Parking Spaces (Number)	
Existing	Proposed	Existing	Proposed	Existing	Proposed	Existing	Proposed



FILE NUMBER: _____

SERVICES

Water				
Public	<input type="checkbox"/>	Service Provider:	Will Serve Letter Provided <input type="checkbox"/>	Distance to Public Water:
Private	<input type="checkbox"/>	Existing Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Well Replacement <input type="checkbox"/>
Wastewater Disposal				
Public	<input type="checkbox"/>	Service Provider:	Will Serve Letter Provided <input type="checkbox"/>	Distance to Public Sewer:
Private	<input type="checkbox"/>	Existing Septic System <input type="checkbox"/>	New Septic System <input type="checkbox"/>	Septic System Replacement <input type="checkbox"/>
If the project will result in process wastewater provide the following information:	Description of process wastewater:		Volume of process wastewater:	Method of disposal:
Storm Drainage				
Public	<input type="checkbox"/>	Service Provider:	Will Serve Letter Provided <input type="checkbox"/>	Distance to Public Storm Drain:
Private	<input type="checkbox"/>	Existing On-site Retention Pond <input type="checkbox"/>	New On-site Retention Pond <input type="checkbox"/>	Natural Drainage <input type="checkbox"/>

Other Public Services					
School Service			Fire Protection Service		
Service Provider	Distance to School:		Service Provider	Distance to Fire Station:	



ENVIRONMENTAL INFORMATION

(Attach additional sheets as necessary)

Topography

Describe the project site's topography:

Describe any existing drainage courses or eroded areas on or near the project site:

Biological Resources

Describe any wildlife habitat or species on-site:

Identify any waterways and/or riparian habitat that may be disturbed by the proposed project: (See Chapter 9-1510 of the Development Title for Riparian Habitat Regulations):

Identify any Native Oak trees, Heritage Oak trees or Historical trees that may be disturbed by the proposed project: (See Chapter 9-1505 of the Development Title for Tree Regulations):

Cultural Resources

Describe any items of historical or archaeological interest on-site:



PERFORMANCE STANDARDS

(Attach additional sheets as necessary)

See Chapter 9-1025 of the Development Title for Performance Standard Regulations

Air Quality

Describe air pollutants that may result from the project including during construction:

Noise

Describe on-site sources of noise or vibration that may result from the proposed project:

Describe any machinery, equipment, or transportation noise that may result from the proposed project:

Light and Glare

Describe any on-site sources of light and/or glare that may result from the proposed project:

Odor

Describe any on-site source of odor that may result from the proposed project:



FILE NUMBER: _____

LEVINE ACT

Effective January 1, 2023, California Political Reform Act of 1974, Government Code § 84308, known as the Levine Act, prohibits any San Joaquin County Board of Supervisor member from participating in any agenda item involving a discretionary land use permit or other entitlements if the Board member has received any political contributions from the owner, applicant, or agent for the owner or applicant totaling more than \$250 in the 12 months before the decision (but not before January 1, 2023) and for the 12 months following the decision. The Act also prohibits an owner, applicant, or agent for the owner or applicant from making a contribution of more than \$250 to a member of the Board of Supervisors while the item is pending and for the 12 months following the date a final decision is rendered.

I have read and understand
that this application is
subject to these provisions:

Initial

Date

AUTHORIZATION SIGNATURES

ONLY THE OWNER OF THE PROPERTY OR AN AUTHORIZED AGENT MAY FILE AN APPLICATION

I, the Owner/Applicant/Agent agrees to indemnify, defend (with counsel reasonably approved by County), and hold harmless the County and its officers, officials, employees, agents, boards and commissions (collectively "County") as follows:

1. INDEMNITY:

A. From and against any and all claims, demands, actions, proceedings, lawsuits, losses, damages, judgments and/or liabilities arising out of, related to, or in connection with the application and applied for project or to attack, set aside, void, or annul, in whole or in part, an approval of the applied for project by the County, the adoption of environmental review documents related to the applied for project, and any related development approvals or project conditions for the applied for project (hereinafter "Claim");

B. For any and all costs and expenses incurred by the County on account of any Claim, except where such indemnification is prohibited by law, including but not limited to damages, costs, expenses, attorney's fees, or expert witness costs that may be asserted by any person or entity, private attorney general fees claimed by or awarded to any party against the County, and the County's costs incurred in preparing an administrative record which are not paid by the petitioner.

C. Except as to the County's sole negligence or willful misconduct.

2. DEFENSE:

A. The County may participate or direct the defense of any Claim. The County's actions in defense of any claim shall not relieve me of any obligation to indemnify, defend, and hold harmless the County.

B. In the event of a disagreement between County and me regarding defense of any Claim, the County shall have the authority to control the litigation and make litigation decisions, including, but not limited to, the manner in which the defense is conducted.

C. If the County reasonably determines that having common counsel presents such counsel with a conflict of interest, or if I fail to promptly assume the defense of any Claim or to promptly employ counsel reasonably satisfactory to the County, then County may utilize the Office of the County Counsel or employ separate outside counsel to represent or defend the County, and I shall pay the reasonable attorneys' fees and costs of such counsel.

I, further, certify under penalty of perjury that I am (check one):

- ☐ Legal property owner (owner includes partner, trustee, trustor, or corporate officer) of the property(s) involved in this application, or
- ☐ Legal agent (attach proof of the owner's consent to the application of the properties involved in this application) and have been authorized to file on their behalf, and that the foregoing application statements are true and correct.

Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____
Print Name: _____	Signature: _____	Date: _____



SITE PLAN CHECKLIST

(Site plans must contain all applicable information contained in this checklist)

*****Incomplete site plans will not be accepted*****

SITE PLAN FORMAT:

The site plan shall include the following;

- ☐ Size: 24" x 36"
- ☐ North arrow pointing towards the top of the page
- ☐ Location and names of all streets and easements bordering on the property with access details
- ☐ All property lines or boundary lines of the parcel with dimensions
- ☐ Vicinity map showing the location of the property in relation to surrounding streets

PROJECT DETAILS:

- ☐ Identify and label all existing and proposed structures with dimensions, square footage, and distances from other structures and property lines
- ☐ Identify and label all existing structures proposed for removal
- ☐ Identify the location, dimensions and surface material of all existing and proposed parking and driveways (See Chapter 9-1015 of the Development Title for Parking & Loading Regulations)

SERVICES: *(If public services will be utilized, a "will-serve" letter must be submitted from the service provider.)*

Well: *(Contact the Environmental Health Department at 209-468-3420 for well regulations)*

- ☐ Identify and label existing and proposed private water wells on-site
- ☐ Identify and label any off-site private wells within 200 feet of the property boundaries
- ☐ The following setbacks shall apply for wells:
 - Domestic wells
 - 5 feet from any structural foundation or overhang
 - 10 feet from all property lines
 - 100 feet from private wastewater treatment systems (septic tanks) and leach lines
 - 150 feet from seepage pits or sumps deeper than 8 feet
 - Public water systems wells
 - 25 feet from property line
 - 150 feet from wastewater treatment systems (septic tanks), leach lines and filter beds
 - 200 feet from dispersal fields deeper than 8 feet and 600 feet from dispersal fields greater than 20 feet in depth

Wastewater Treatment: *(Contact the Environmental Health Department at 209-468-3420 for questions regarding wastewater regulations)*

- ☐ Identify and label existing and proposed private wastewater treatment systems
- ☐ Identify and label existing private wastewater treatment systems (septic tanks) within 200 feet of the property boundaries
- ☐ Identify and label all existing and proposed septic systems with dispersal fields greater than 20 feet in depth within 600 feet of an existing or proposed public well
- ☐ All proposed septic systems must meet all setback requirements listed in Table 1.5 of the San Joaquin County Onsite Wastewater Treatment Standards (OWTS) (This document can be viewed at www.sjgov.org/departments/envhealth)



SITE PLAN CHECKLIST continued

(Site plans must contain all applicable information contained in this checklist)

*****Incomplete site plans will not be accepted*****

- ☐ The following setbacks shall apply for private onsite wastewater treatment systems (septic tanks):
- Private onsite wastewater treatment systems (septic tanks)
 - 5 feet from all property lines, structures, driveways and swimming pools
 - 100 feet from all domestic and irrigation wells, streams, waterways, drainage courses or ephemeral streams
 - 150 feet from all public water wells
 - Dispersal fields (leach lines)
 - 10 feet from all structures, driveways and swimming pools
 - 100 feet from all domestic and irrigation wells, streams, waterways, drainage courses or ephemeral streams
 - 150 feet from all public water wells
 - 200 feet from all public water wells if leach lines are greater than 8 feet in depth
 - 600 feet from all public water wells if leach lines are greater than 20 feet in depth
- ☐ Identify and label future replacement areas for all septic systems (replacement area equals 100% of the OWTS area)
- ☐ All proposed replacement areas must meet all setback requirements listed in Table 1.5 of the San Joaquin County Onsite Wastewater Treatment Standards (OWTS) (This document can be viewed at www.sigov.org/department/envhealth)
- ☐ Identify and label all existing and proposed floor drains or other non-domestic wastewater collection systems

Storm Drainage: *(Contact the Department of Public Works at 209-468-3000 for questions regarding stormwater regulations)*

- ☐ Identify and label existing and proposed storm drainage facilities

TOPOGRAPHY:

- ☐ Identify any unusual topographic features of the site such as steep slopes and drainage courses
- ☐ Identify topographic contours
- ☐ Identify any surface water (streams, ephemeral streams, irrigation canals, aqueducts, etc.) within 1 mile of all property boundaries (Note: If the surface water is not located adjacent to the subject property, a note on the site plan with approximate location is sufficient.)

LANDSCAPING:

- ☐ Identify and label existing and proposed landscaping. (See Chapter 9-1020 of the Development Title for Landscaping Regulations)
- ☐ Identify any trees proposed for removal

SIGNS:

- ☐ Identify the location and dimensions of all existing and proposed signs including pole, monument, and attached signs. (See Chapters 9-1705 & 9-1710 for Sign Regulations)

FENCING & SCREENING:

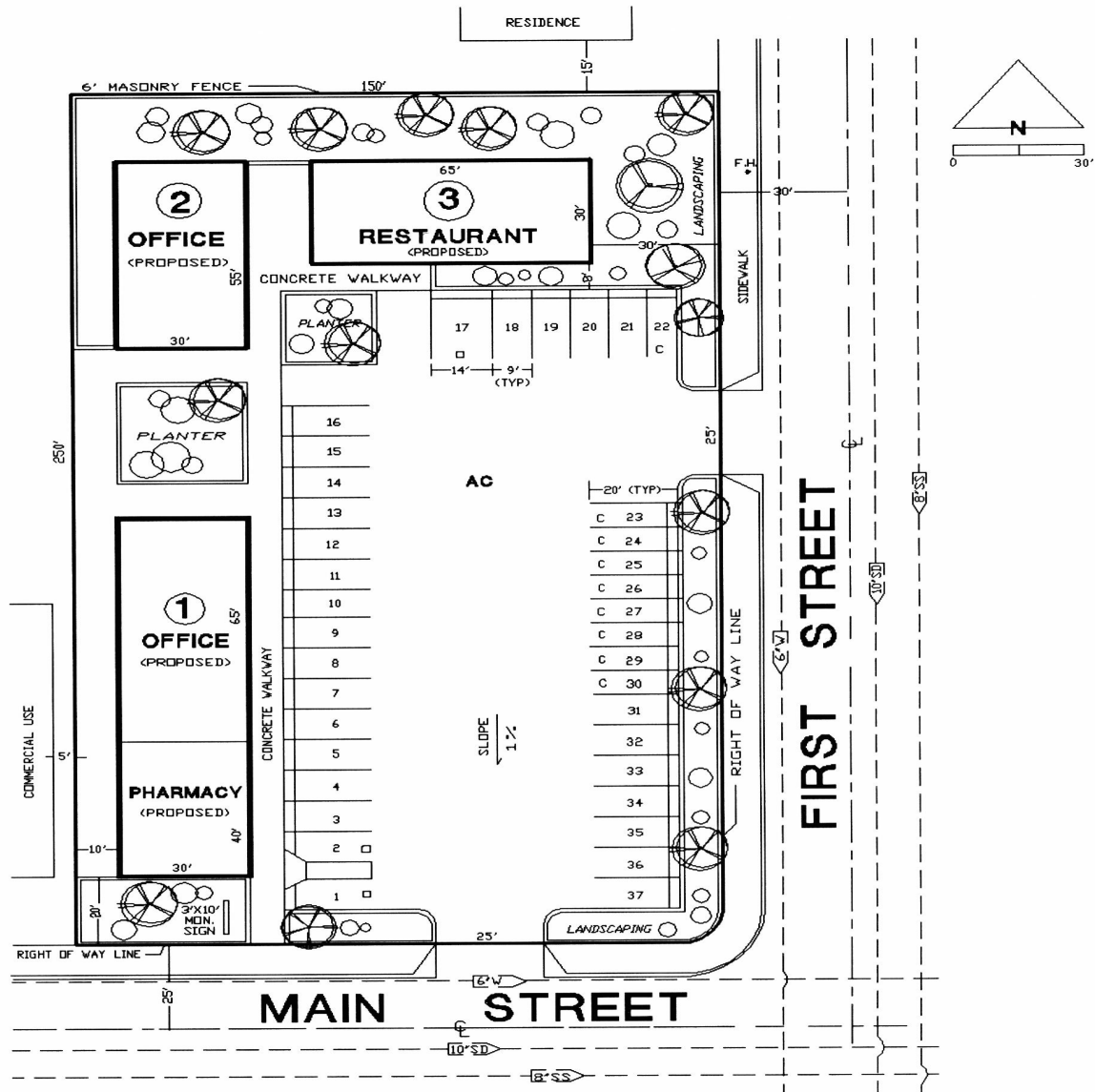
- ☐ Identify the location and type of existing and proposed fencing and screening. (See Chapter 9-1022 of the Development Title for Fencing & Screening Regulations)

MISCELLANEOUS:

A Soil Suitability Study with Nitrate Loading Evaluation may be required prior to completion of the environmental review.



SAMPLE SITE PLAN



C=COMPACT PARKING SPACES

PROPOSED STRUCTURES - PARKING								
STRUCTURE NUMBER	PROPOSED USE	GFA (sq.ft.)	HIGHEST FLOOR	OVERALL HEIGHT	EMPLOYEES (EST.)	MINIMUM PARKING	PROPOSED PARKING	HANDICAP PARKING
1	OFFICE	1950	1	25'	2	8	8	1
1	PHARMACY	1200	1	25'	2	8	8	1
2	OFFICE	1650	2	35'	6	7	7	
3	RESTAURANT	1950	1	22'	6	14	14	1



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HAZARDOUS MATERIALS DISCLOSURE SURVEY

A separate survey form is required for each business name and/or address in San Joaquin County.

Business Name: _____ Telephone: _____

Business Site Address: _____

Mailing Address (if different from above): _____

Business Owner(s) Name: _____ Telephone: _____

Business Owner Address: _____

Nature of Business: _____ Fire District: _____

Q1. ☐ Yes ☐ No Does your business handle a hazardous material in any quantity at any one time in the year?
See the definition of hazardous material on page 2 of this form.

☐ Yes ☐ No Does your business generate, treat, or store a hazardous waste in any quantity? (used oil, used antifreeze, waste solvent, etc.)

If your answer is "No" to both questions in Q1, please print, sign, and date the bottom of this form and return to the address above.

Q2. ☐ Yes ☐ No Does your business handle a hazardous material, or a mixture containing a hazardous material, in a quantity equal to or greater than 55 gallons, 500 pounds, or 200 cubic feet at any one time in the year?

If "Yes", how long have you handled these materials at your business? _____

If "Yes", check any of the following conditions that apply to your business:

- ☐ A. The hazardous materials handled by this business are contained solely in a consumer product packaged for direct distribution to and use by the general public.
- ☐ B. This business operates a farm for purposes of cultivating the soil, raising or harvesting an agricultural or horticultural commodity.

Q3. ☐ Yes ☐ No Does your business handle an Acutely Hazardous Material? See definition on page 2.

Q4. ☐ Yes ☐ No Is your business within 1,000 feet of the outer boundary of a school? (Grades K-12)

I have read the information on this form and understand my requirements under Chapter 6.95 of the California Health and Safety Code (HSC). I understand that if I own a facility or property that is used by tenants, it is my responsibility to notify the tenants of the requirements which must be met prior to issuance of a Certificate of Occupancy or beginning of operations. I declare under the penalty of perjury that the information provided on this disclosure survey is true and accurate to the best of my knowledge.

If you answered "Yes" to Question 2, please go online to cers.calepa.ca.gov to submit your hazardous materials information.

Owner or Authorized Agent:

Print Name: _____ Date: _____

Signature: _____ Title: _____

San Joaquin County Environmental Health Department

HAZARDOUS MATERIALS PROGRAM

This survey form is intended to identify businesses which need to comply with the hazardous materials emergency planning and reporting requirements of the California Health and Safety Code (HSC) Chapter 6.95. This Chapter requires businesses which handle hazardous materials to prepare emergency plans for their employees to use in an emergency. Businesses must submit this information, along with an annual inventory of their hazardous materials, online to the California Environmental Reporting System (CERS) found at cers.calepa.ca.gov for use in protecting emergency responders and the general public. In San Joaquin County, the Environmental Health Department (EHD) has been authorized to administer this program as the Certified Unified Program Agency or CUPA. Should you have any questions about the CUPA program or this form, please contact EHD at (209) 468-3420.

Please consider the following guidelines when completing the questions on page 1:

Question 1:

The (HSC) section 25501(p) defines a "Hazardous Material" as any material that, because of its quantity, concentration, or physical or chemical characteristics, poses a significant present or potential hazard to human health and safety or to the environment if released into the workplace or the environment. "Hazardous Materials" include but are not limited to, hazardous substances, hazardous waste, and any material that a handler or the administering agency has a reasonable basis for believing that it would be injurious to the health and safety of persons or harmful to the environment if released into the workplace or the environment. This includes, but is not limited to, fuels, petroleum products, paints, propane, oxygen, ammonia, chlorine, pesticides, fertilizers, and used oil. If a business generates any amount of hazardous waste they must enroll in the EHD Hazardous Waste Generator Program. Answer "Yes" if you use a material that meets the definition above in any quantity at least once in the year. If you are unsure, contact the EHD at (209) 468-3420 for assistance. If you answer "No" and at a later date your business, or a tenant on your property, begins handling hazardous materials, you must inform the EHD within 30 days.

Question 2:

If you answer "Yes", you must meet the requirements of HSC Chapter 6.95. The EHD will be contacting you to provide assistance. These requirements must be met prior to issuance of a certificate of occupancy. If you answer "No", our office may conduct an inspection after you begin operations to verify your exemption.

The HSC establishes some modified requirements or program exemptions for certain uses of hazardous materials. If you answered "Yes" to questions 1 and 2, a determination must be made if your business meets one of the exemptions listed. Check the appropriate boxes on page 1 and submit the hazardous materials information online at cers.calepa.ca.gov. Please contact the EHD to determine if your business meets the exemptions. However, even if an exemption is met for the Business Plan program, you may still be a hazardous waste generator and will need to report in cers.calepa.ca.gov as a hazardous waste generator.

- A. Retail Exemption – Products packaged for direct distribution to the general public are exempt from the program. This exemption may not apply if any of the following conditions exist:
 - 1.The quantity handled creates an unacceptable public hazard
 - 2.The material is being used directly by the business as part of its operation in addition to being sold to the general public
 - 3.The general public doesn't have ready access to the product as stored by the business (e.g. in a warehouse).
- B. Modified Farm Exemption – Farms, as stated in Question 2B on page 1, must meet modified program requirements. The definition of a farm in the law doesn't include businesses providing commercial pest control services, fertilizer application services, product processing services, or packing shed services for farmers. Farms qualifying for the exemption are still required to submit an annual chemical inventory, site map, and other requirements online to cers.calepa.ca.gov and pay a fee to the San Joaquin County Environmental Health Department (EHD). Please contact the EHD at (209) 468-3420 for assistance. Businesses operating a commercial business in addition to a farm as defined must comply with the requirements of the Hazardous Materials Program for those materials associated with the commercial business.

Question 3:

The Federal and State governments have defined approximately 366 chemicals as an "Acutely Hazardous Material" (AHM). The most common AHM used in the county include: Chlorine, Ammonia, Sulfuric Acid, Methyl Bromide, Acrolein, Sulfur Dioxide, Formaldehyde, Nitric Acid, Vinyl Acetate Monomer, Hydrogen Peroxide, and many types of Pesticides.

Answer "Yes" if you use any of these specific chemicals in any quantity at any one time of the year. Contact the EHD if you're unsure for assistance.

Question 4:

Answer "Yes" if the boundary of your property or facility is or will be within 1,000 feet of the boundary of a school. (K – 12)



Water Usage Information

PROJECT INFORMATION			
Application Number:		Application Type:	
Project Address:		Project APN:	
Applicant Name:		Title:	
Applicant Address:		City/Zip:	
Applicant Phone:		Email:	
Property Owner Name:			
Property Owner Address:		City/Zip:	
Property Owner Phone:		Email:	
SERVICES INFORMATION			
Please provide description below:			
Water Supply:		<input type="checkbox"/> Surface Water (Attach Water Rights Information)	
Domestic Wastewater Disposal:			
Process Wastewater Discharge:	Ponds:	Applicable WDR:	
Storm Drainage System:			
WATER USAGE DATA			
Provide for total water usage at full buildout		Number Persons/Day	Gallons/Person/Day
Domestic Water Usage by Employees/Customers:			Total Gallons/Day
		Type of Process/Irrigated Lands	Total Gallons/Day
Process Water Usage:			
Process Water Usage:			
Irrigation Water Usage:			
Total Gallons Per Day:			

PROPOSED WELL LOCATION					
Well Location Address:				City:	
Well Location APN:					
Well Latitude:		Well Longitude:			
Flood Plain Designation:		Well Elevation:			
PROPOSED WELL INFORMATION					
Well Total Depth (ft):		Acres to be Served by Well:			
Use of Well:	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Small Public Water Supply <input type="checkbox"/> Municipal Public Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Other:				
Depth of Corcoran Clay (ft):					
Proposed Well Capacity (gal/ft):		Estimated Pumping Rate (gal/min):			
Anticipated Pumping Schedule (gal/day):		Estimated Annual Extraction Volume (acre-feet):			
Estimated Cumulative Extraction Volume before January 1, 2020 (acre-feet):					
SITING INFORMATION					
Distance To Nearest (ft):	Onsite:	Offsite:	Distance To Nearest (ft):	Onsite:	Offsite:
Wastewater Treatment System:			Sources of Contamination:		
Other Wells:			Pond/Lake:		
Sewer Lines:			Stream/River:		
Animal or Fowl Enclosure:			Navigable Waterway:		
Storm Drainage System:			Potential Recharge Features:		
GROUNDWATER INFORMATION					
	Depth (ft):	Source/Date of Reference:		Groundwater Subbasin:	
Current Depth to Water:				<input type="checkbox"/> Cosumnes Subbasin (2-22.16)	
Highest Depth to Water:				<input type="checkbox"/> Eastern San Joaquin Subbasin (5-22.01)	
Lowest Depth to Water:				<input type="checkbox"/> Tracy Subbasin (5-22.15)	

EXISTING WELLS INFORMATION				
Total Number Existing Wells on Property:		Please complete the information below for every well on property. Use extra paper if needed.		
Well #1 Information				
Use of Well:	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Small Public Water Supply <input type="checkbox"/> Municipal Public Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	
Well #2 Information				
Use of Well:	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Small Public Water Supply <input type="checkbox"/> Municipal Public Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	
Well #3 Information				
Use of Well:	<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Small Public Water Supply <input type="checkbox"/> Municipal Public Water Supply <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Other:			
Total Depth (ft):		Screen Interval (ft):	To:	From:
Casing Diameter (in):			To:	From:
Pumping Rate (gpm):			To:	From:
Annual Extraction Volume (acre-feet):	<input type="checkbox"/> Estimated <input type="checkbox"/> Measured			
Specific Capacity (gal/min/ft):				
Other Pumping Tests Performed:			Test Result:	

MAP INFORMATION
A project site map must be attached to this form and shall include the following information:
<ul style="list-style-type: none"> Legal lot and parcel dimensions. All well locations on legal lot and parcel with type and use information shown for each well. All onsite sewage treatment systems, stormwater ponds, process water ponds, and other sources of potential contamination. Distance from proposed well to any potential sources of pollution onsite and on adjacent properties, including: <ul style="list-style-type: none"> Existing or proposed onsite sewage treatment systems, wells, animal or fowl enclosures, transmission lines, sewer lines. Distance from ponds, lakes, rivers and streams within 300 feet and navigable water ways within one mile. For wells below Corcoran clay, map must show location of canals, ditches, pipelines, utility corridors, and roads within two miles.



WATER PROVISION DECLARATION

Facility Business Name: _____

Facility Address: _____
Street City Zip

Facility Business Owner Name: _____ Phone: _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____
Street City Zip

WATER PROVISION INFORMATION

1. Number of **houses, mobile homes, or other occupied buildings** served by the water well(s): _____

2. Number of **employees** at the facility per shift: _____ Number of shifts: _____

3. Total number of **employees, customers, and visitors** at the facility per month, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

4. Number of days that total number of **customers, visitors and employees** frequent the facility per month:

January		April		July		October	
February		May		August		November	
March		June		September		December	

5. Number of **yearlong residents**: _____

6. Number of **residents per month**, if variable:

January		April		July		October	
February		May		August		November	
March		June		September		December	

I declare under penalty of perjury that the statements on this application are correct to my knowledge. It is the owner's responsibility to notify this office if the water provision information of the facility changes.

Facility Business/Property Owner: _____ Date: _____
Signature