APPENDIX A

CITY OF PASADENA WELL PERMIT PACKAGE



APPLICATION FOR CONSTRUCTION PLAN / HEALTH DEPARTMENT

	NTS: TWO (2) SETS OF PLANS	5.
Business Name: NASA Address: 4800 Oak Grove	Ave.	City: Pasadena
State: <u>CA</u>		- , <u></u>
Business Owner: Same a Mailing Address:	<u>s above</u>	City:
State:	Zip:	Oity.
	•	
Contractor: WDC Explorate Address: 5566 Arrow High		City: Montclair
State: CA	Zip: <u>91763</u>	Telephone: [800] 974-2769
	r 	
Architect / Engineer: Bai	<u>ttelle</u>	City Calumbus
Address: 505 King Ave State: OH	Zip: 43201	City: Columbus Telephone: [614] 424-7723
	exton – Registered Geologist	Telephone: [760] 476-9144
Maximum number of emplo	yees including owner at any give	en time;Alcoholic beverage served on premise? ¬ yes ¬ r
Square Footage: Food Market Retail	Seating Capacity:	
Food Market Retail	Restaurants	Wells
☐ 10-5,999 Sq. Ft. ☐ 6,000 + Sq. Ft.	1 0 - 60 seats	X Drilling □ Destruction
1 0,000 + 3q. Ft.		☐ Conversion
Food Processor	Minor Remodel	
□ 1 - 5,999 Sq. Ft.	☐ less than 200 Sq. Ft.	
☐ 6,000 + Sq. Ft.		
Swiming Pools/Spas	Misc. Food Salvage	Sowago Dienosal
Swilling Foois/Spas	□ Food Salvager	□ New System
	☐ Food Salvager☐ Food Vehicle/Cart	□ Modify Existing System
Payment Information		
	Conversion:	
I understand that the amour submitted. If this declaration	nt of the fee paid is based on my n is incorrect, I understand that th	declaration of the business classification of the plans ne plan will not be approved.
		er free ground albhanan
SIGNATURE:		Date:
Note: Mechanical, Plumbin	g and Electrical permits may be	required as a result of this permit. For questions in regards to
filling out this form, please of	contact the Health Department at	(626) 744 - 6004

WELL PERMIT APPLICATION - NON-PRODUCTION WELLS

X NEW WELL CONSTRUCTION RECONSTRUCTION OR RENOVATION DECOMMISSIONING OTHER:			CA	NITORING IHODIC ECTION IRACTION		HEAT EXCHANGE OTHER (Specify) :				
WELLLOCATION	SITE ADDRESS Intersection of Casitas Ave & Canada Ave			CITY P	asadena	sadena ZIP CODE 91103				
	Township	Range			Section		Map Book Page/ Grid	535/F	7	
WEL	NO. OF WELLS IN EACH PARCEL: 1				attach site map with well locations					
WELLSTRUCTURE	Type and Size of Production Casing				Company	_	Battelle			
	Sanitary / Annular Sealing Material Volclay grout or equivalen			ılent	Contact Person Address	David Clexton 505 King Avenue			CONSULTANI	
	Depth of Sanitary / Annular Seal	To be determined in the field			City , State Zip	Colum	Columbus, OH 43201			
	Conductor Casing Seal	Volclay grout or equivalent			Telephone	760-4	760-476-9144			
	Well Owner	NASA			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					
ORMATION	Address	4800 Oak Grove Drive					PERMIT (Department Use C	Only)		
	City / Zip Code	Pasadena, CA 91109			THIS PERMIT IS CONSIDERED COMPLETE WHEN THE WORK PLAN IS APPROVED AND WHEN THE WELL COMPLETION LOG IS RECEIVED. NO WELL					
ER IN	Telephone	818-393-6683				CONSTRUCTION OR DECOMMISSIONING CAN BE INITIATED WITHOUT THE WORK PLAN APPROVAL FROM THIS DEPARTMENT.				
OWNER / DRILLER INFORMATION	Well Driller	WDC Exploration and Wells			WORK PLAN APPROVAL					
	Address	5566 Arrow Highway			Date	This Approval is Valid for 180 Days Date REHS				
	City / Zip Code	Montclair, CA 91763								
	C-57 License No.	283326			Conditions					
	Telephone 800-974-2769				:					
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									
The	webs agree to comply i	in arrang managat m	ith all the regulations of	i the	:					
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		FINAL INSPECTION								
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.			Date	REHS						
Applicant's Signature				PERMIT ISSUED The well log must be submitted to this Department prior to issuance of the final approval						
Applicant Name: (PRINT) Telephone:				Date	REHS					

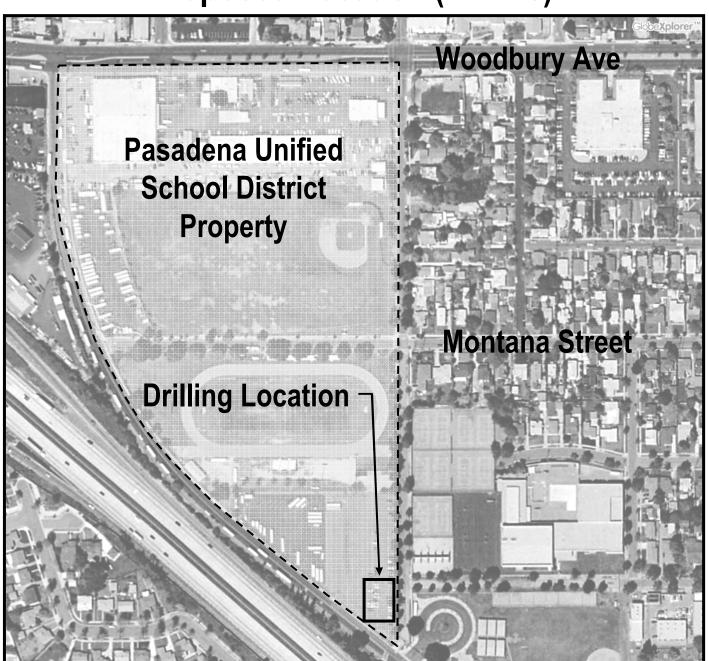
76A668-A H-13 (Rev. 01/2001)

EXHIBIT A

PROPOSED WELL LOCATION AND EQUIPMENT LAYOUT WITHIN PUSD PROPERTY (NASA-JPL Groundwater Monitoring Well MW-26)

February 2, 2005

Proposed Location (MW-26)



Equipment Layout

