

P. O. Box 5
4988 11th St.

MARIPOSA COUNTY HEALTH DEPARTMENT

Mariposa, California 95338

RECEIVED Telephone
[209]966-3689

APPLICATION FOR PERMIT TO CONSTRUCT

Check one or both APR 30 1987
 An on site sewage disposal system
 An individual water supply system

Applicant's Name Norman L. Modessett

Mailing Address 6474 Dogtown Rd, Coulterville 95311 Phone 878-3166

Detailed Directions to Construction Site Triangle Rd to Meadow Lane to Clouds Rest Rd
5468 Clouds Rest

Assessor's Parcel Number 15-11B-027 Acres 4.5 Installer:

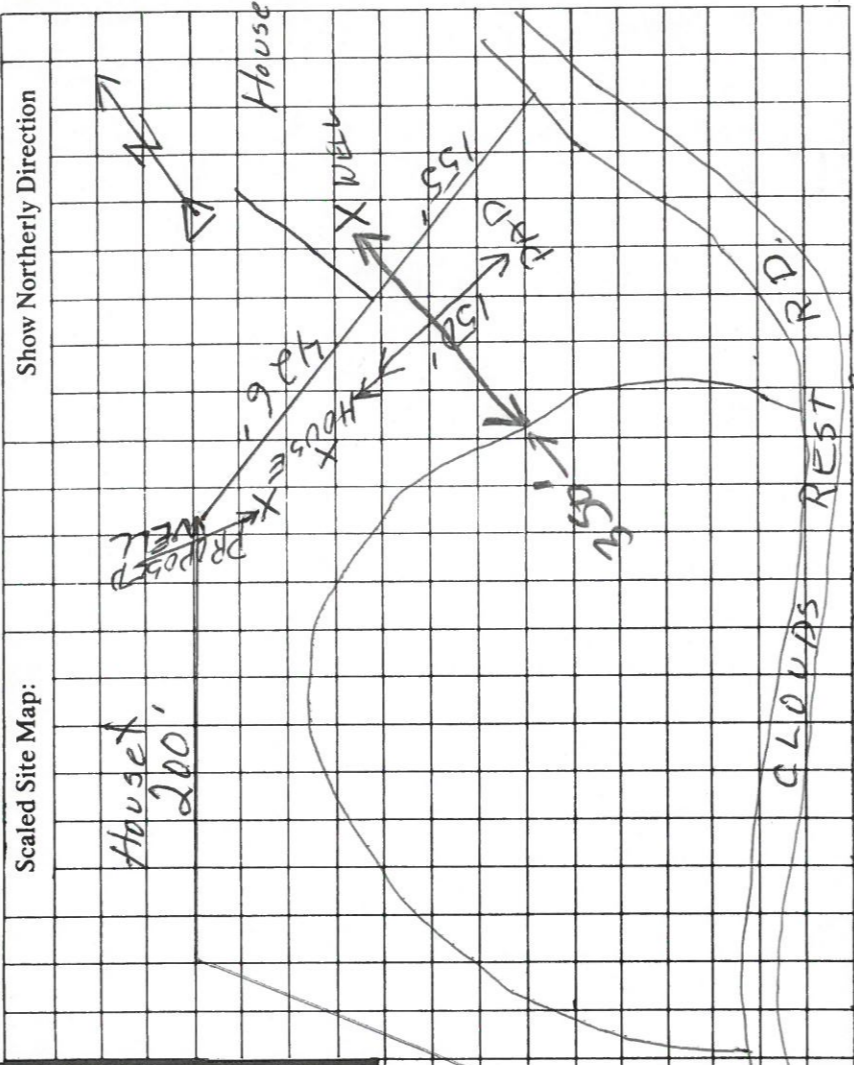
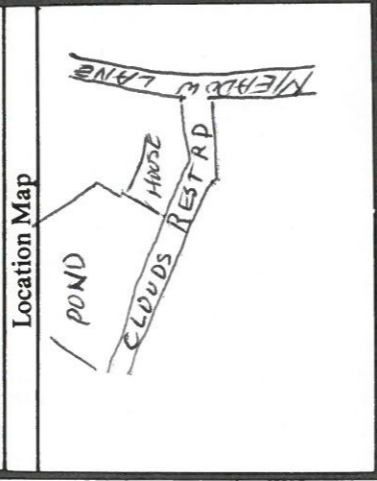
Lot Parcel 1A LDA RS1357 Type of System: New Auxiliary _____ Repair or Addition _____

Type of Building: Home Other _____ No. Bedrooms 3 No. Bathrooms 2

Water Supply for Premises: Community _____ Drilled Well Other _____ (Specify)

ALL APPLICATIONS EXPIRE ONE YEAR AFTER APPROVAL.

A BUILDING DEPARTMENT PERMIT IS REQUIRED BEFORE INSTALLATION OF THE SEWAGE DISPOSAL SYSTEM.



(Instructions attached) Norman L. Modessett Applicant's Signature Date April 30, 1987

Do Not Write Below This Line

Sewage System Requirements: Tank Capacity 1000g Total Trench Length 100'

Trench Width 18-24" Trench Depth 9' Gravel Over Pipe 2" Gravel Under Pipe 4 1/2"

Special Conditions: Install system in area tested - make sure you remain 100' setback from the neighbors well and 200' from the pond

Preliminary Inspection Date: _____ Comments: _____

Sewage Application Approved By: A. Pavan Date: 5/1/87

Water Application Approved By: A. Pavan Date: 5/1/87

Final Inspection Date: 7-20-87 Inspector: Norm Note: 2-50's installed.

Mailed 5-4-87

Changes in Construction

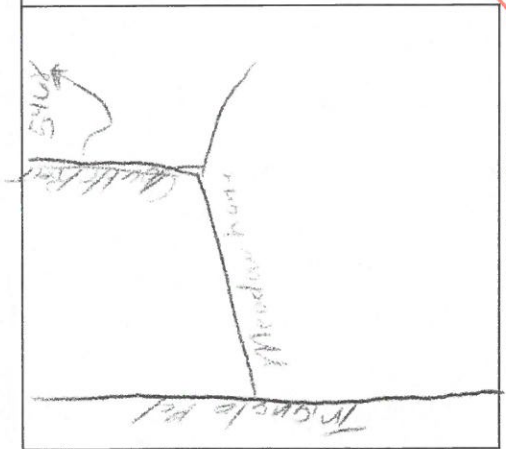
QUADRUPPLICATE
Use to comply with
local requirements

DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT **16** No. **300521**

Notice of Intent No. _____ State Well No. _____
Local Permit No. or Date _____ Health Permit No. _____
Mariposa Co. Health Officer

(1) OWNER: Name Norman Modeste IT
Address 5168 Claude Post ZIP 95378
City Mariposa Calif
(2) LOCATION OF WELL (See instructions):
County Mariposa Owner's Well Number _____
Well address if different from above _____
Township _____ Range _____ Section _____
Distance from cities, roads, railroads, fences, etc. _____

(12) WELL LOG: Total depth _____ ft. Completed depth 375 ft.
from ft. to ft. Formation (Describe by color, character, size or material)
0 - 5 Top soil
5 - 24 DG
24 - 160 granites
160 - 161 Quartz water to GPM
161 - 369 granite
369 - 370 granite
370 - 375 granite



- (3) TYPE OF WORK:
- New Well Deepening
 - Reconstruction
 - Reconditioning
 - Horizontal Well
 - Destruction (Describe destruction materials and procedures in Item 12)
- (4) PROPOSED USE:
- Domestic
 - Irrigation
 - Industrial
 - Test Well
 - Municipal
 - Other (Describe)

(5) EQUIPMENT:

Rotary Reverse Size _____ ft.
Cable Air Diameter of bore _____ ft.
Other Bucket Packed from _____ to _____ ft.

(6) GRAVEL PACK: Yes No

(7) CASING INSTALLED: Plastic Concrete

From ft.	To ft.	Dia. in	Gage or Wall	From ft.	To Slot size
0	26	6	12.5		

(9) WELL SEAL:
Was surface sanitary seal provided? Yes No If yes, to depth 26 ft.
Were strata sealed against pollution? Yes No Interval _____ ft.
Method of sealing Cement

(10) WATER LEVELS:
Depth of first water, if known 160 ft.
Standing level after well completion 60 ft.

(11) WELL TESTS:
Was well test made? Yes No If yes, by whom? Driller
Type of test Pump Bailer Air lift
Depth to water at start of test _____ ft. At end of test _____ ft.
Discharge 100 gal./min after 2 hours Water temperature _____
Chemical analysis made? Yes No If yes, by whom? _____
Was electric log made Yes No If yes, attach copy to this report

Work started 2-5-1988 Completed 2-8-88
WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Signed Arthur Moore (Well Driller)
NAME Mariposa Well Drilling (Person, firm, or corporation) (Typed or printed)
Address 1601 Hwy 99 So
City Mariposa Calif ZIP 95378
License No. 365598 Date of this report 2-8-88