

APPLICATION FOR WELL DESTRUCTION PERMIT

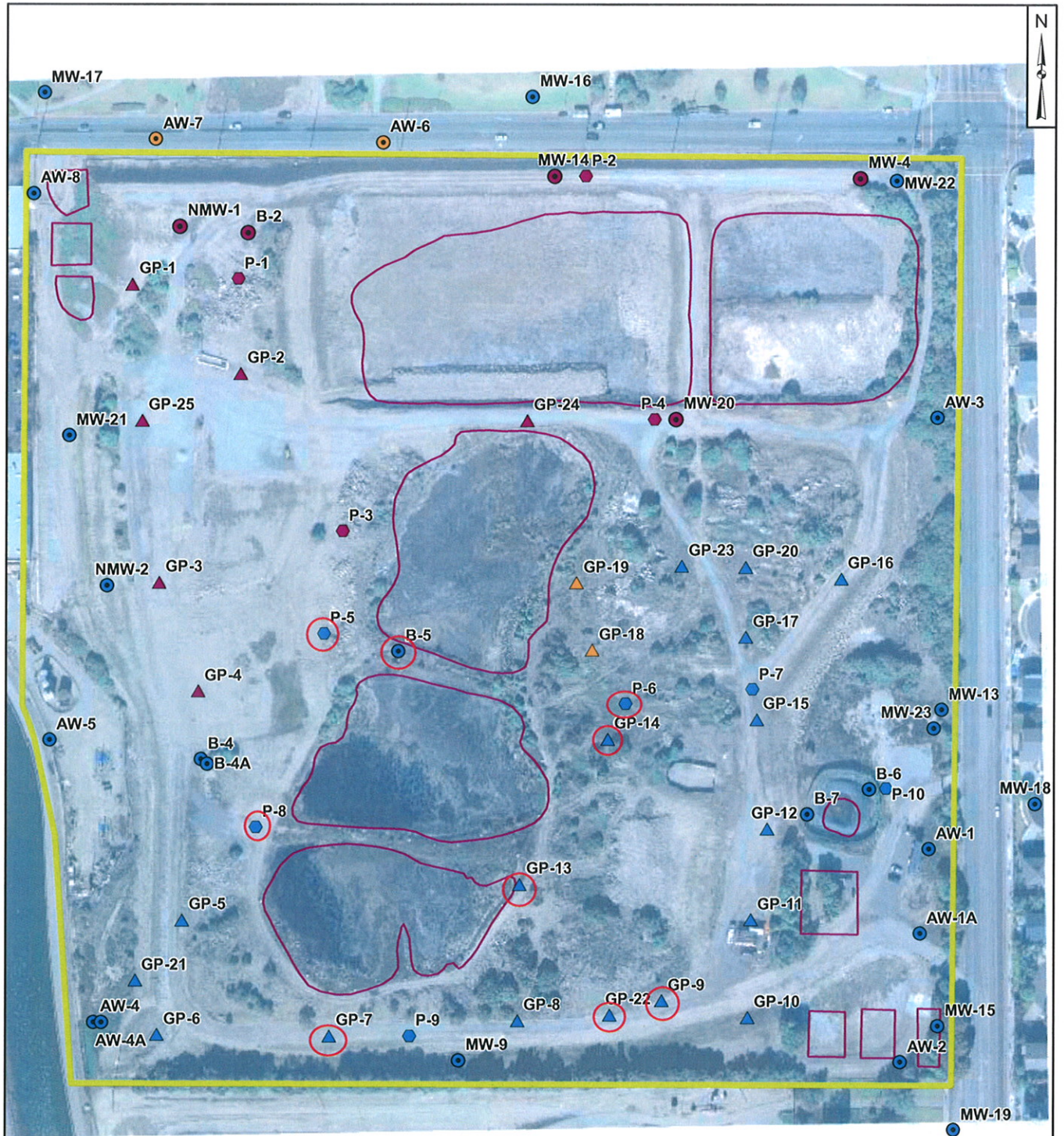
ORANGE COUNTY HEALTH CARE AGENCY
ENVIRONMENTAL HEALTH DIVISION

1241 E. DYER ROAD, SUITE 120
SANTA ANA, CA 92705-4720

(714) 433-6000
FAX: (714) 433-6481

CITY <u>Huntington Beach</u>	DATE <u>7/6/10</u>	WELL PERMIT NUMBER 10-07-20
WELL LOCATION (ADDRESS IF AVAILABLE) <u>21641 Magnolia Street, Huntington Beach, CA 92626</u>		
NAME OF WELL OWNER <u>Ascon Site Responsible Parties</u>	NAME OF CONSULTING FIRM <u>Geosyntec Consultants</u>	
ADDRESS <u>c/o Project Navigator Limited One Pointe Drive, Suite 320</u>	BUSINESS ADDRESS <u>924 Anacapa Street, Suite 4A</u>	
CITY ZIP TELEPHONE <u>Brea, CA 92821 714-388-1800</u>	CITY ZIP TELEPHONE <u>Santa Barbara, CA 93101 805-897-3800</u>	
NAME OF DRILLING CO. <u>Test America</u>	C-57 LICENSE NUMBER <u>819548</u>	
CITY ZIP TELEPHONE <u>Anaheim, CA 92805 714-939-6850</u>	TYPE OF WELL/TOTAL NUMBER <u>9</u> WELL DEPTH <u>*</u> Feet <input type="checkbox"/> WATER <u>* See Table Attached</u> <input type="checkbox"/> CATHODIC DIAMETER <u>*</u> Inches <input checked="" type="checkbox"/> MONITORING <input type="checkbox"/> OTHER	
SEALING MATERIAL / ESTIMATE AMOUNT OF SEALING MATERIAL NEEDED <u>95% cement plus 5% bentonite</u>	PROPOSED START DATE <u>7/21/10</u>	
METHOD OF DESTRUCTION <u>Overdrill and pressure grout with tremie pipe or through hollow stem auger.</u>		
DIAGRAM OF WELL SITE (Use additional sheets and/or attachments) <u>*</u> <u>* see attached maps</u>	<p>I HEREBY AGREE TO COMPLY IN EVERY RESPECT WITH ALL REQUIREMENTS OF THE HEALTH CARE AGENCY AND WITH ALL ORDINANCES AND LAWS OF THE COUNTY OF ORANGE AND OF THE STATE OF CALIFORNIA PERTAINING TO WELL CONSTRUCTION, RECONSTRUCTION AND DESTRUCTION.</p> <p style="text-align: right;"><u>Jeffrey Zukin</u> <u>7/6/10</u> APPLICANT'S SIGNATURE DATE</p> <p style="text-align: center;"><u>Jeffrey Zukin</u> PRINT NAME</p> <p style="text-align: center;"><u>805-897-3800 / 805-899-8689</u> PHONE NUMBER FAX NUMBER</p>	
<input type="checkbox"/> SITE PLAN ATTACHED		
FOR ACCOUNTING USE ONLY: HSO NO. <u>326545</u> CHECK NO. <u>166779 #1224</u> DATE <u>7.15.10</u> AMOUNT <u>\$1,008.- #126.-</u> INTL. <u>(V)</u> <u>Total # 1,134.-</u>	DISPOSITION OF PERMIT (DO NOT FILL IN): <input checked="" type="checkbox"/> APPROVED SUBJECT TO THE FOLLOWING CONDITIONS: A. <input checked="" type="checkbox"/> NOTIFY THIS AGENCY AT LEAST 48 HOURS PRIOR TO START. <u>CALL IF START DATE CHANGES.</u> B. <input type="checkbox"/> SUBMIT TO THE AGENCY A WELL DESTRUCTION REPORT. PLEASE REFERENCE PERMIT NUMBER. C. <input checked="" type="checkbox"/> OTHER <u>REMOVE TRAFFIC BOXES / MONUMENTS ALSO.</u> <input type="checkbox"/> DENIED _____	
APPROVAL BY OTHER AGENCIES: JURISDICTION _____ REMARKS _____ _____ _____ _____ AUTHORIZED SIGNATURE DATE	<p style="text-align: center;"><u>Dan Yokoyama</u> <u>7/19/2010</u> PERMIT ISSUED BY DATE</p> <p style="text-align: center;"><u>DAN YOKOYAMA (714) 433-6288</u> PRINT NAME PHONE NUMBER</p>	

WHEN SIGNED BY ORANGE COUNTY HEALTH CARE AGENCY REPRESENTATIVE, THIS APPLICATION IS A PERMIT.



- Legend
- Well Location
 - ▲ Geoprobe Location
 - Piezometer Location
 - ▲ ● Location Properly Destroyed
 - ▲ ● Location Covered
 - Well to Be Destroyed
 - Ascon Site Boundary

Groundwater Monitoring Locations

Ascon Landfill Site,
Huntington Beach, CA

Geosyntec 
consultants

Figure

Santa Barbara

March 2009