



GUAM ENVIRONMENTAL PROTECTION AGENCY

POST OFFICE BOX 2999 AGANA, GUAM 96910 TELEPHONE: 646-8863/64/6

APPLICATION FOR WELL OPERATING PERMIT

(WELL NO. M-17B)

Complete Items No. 1 through 25 and submit application fee as set forth in the Well Development and Operating Regulations. No application fee is required for monitoring wells. Make checks payable to the Treasurer of Guam.

I. Background Information

1. Date of Application: April 27, 1989
2. Type of Application:
☒ New
☐ Extension (Previous Well Operating Permit No.)
3. Name of Well Owner: Public Utility Agency of Guam
Mailing Address: P.O. Box 3010
Agana, Guam
Telephone: 646-8891 ext. 235/240
4. Name of owner of property on which well is located:
Government of Guam

If owner of the land on which the well is located and the owner of the well are not the same, written notarized permission from the owner of the land shall be filed with the application.

II. Well Information

5. Type of Well (indicate one):
☒ Public Water Supply Well
☐ Individual Domestic Well
☐ Recharge or Injection Well
☐ Industrial Well
☐ Agricultural Well
☒ Monitoring Well
6. Purpose for which water is to be used: For public consumption
7. Pumping rates:
Design pump rate 400 gpm
Maximum pumping rate 280 gpm

APPLICATION FOR WELL OPERATING PERMIT (Cont.)

8. Estimated hours operation 24 hrs. per day
_____ per month
_____ per year
9. Estimated volume of water to be pumped on an annual basis
147.17 M gallons per year

III. Well Location

10. Provide a plot plan drawn to a scale of 1"=50' showing k references such as streets, property lines, and su monuments, including GGTN coordinates of the well to nearest foot.

IV. Well Drilling Summary

11. Period of well drilling:
Starting date: March 15, 1989
Completion date: March 25, 1989
12. Well Drilling Contractor: Pacific Drilling, Inc.
13. Well Drilling Permit No.: 1088-28
14. Total Depth of Well: 520 feet
Elevation (MSL) of Ground Surface at Casing: 478.72 feet
Elevation (MSL) of Top of Well Casing: 479.64 feet
15. Describe Method and Type of Drilling: Air Rotary with
Foam as drilling fluid
16. Casing:
Casing Hole Diameter: 10" inches
Depth (length from surface): 480 feet
Casing type: Steel Pipe Size (ID): 11.678" Wall Thickness: .322"
Weight: _____ Material: Steel

APPLICATION FOR WELL OPERATING PERMIT (Cont.)

17. Well Screen:

Screen Type (ID): Type 304 Lot Size: #5 Length: 40'
Stainless Steel
Screen Diameter: 10" Material: Stainless Steel
Location (from surface) 480 feet to 520 feet
Describe Method of Installation: Butt welded to steel casing

18. Cement Grouting:

Material: N/A Total Depth: N/A Gravel Size: 3/8"
Annular Thickness: 3"
Cubic Yards of Cement Placed: N/A
Describe Method of Grouting: Poured from top

19. Describe Well Development Method(s):

The development process shall be done by interrupted pumping
capable of pumping at rates up to 2 times the design capacity
Pumping shall be conducted in 5 minute cycles and shall con
tinue a minimum of 2 hrs. Until acceptable standards are
quired.

V. WELL CONSTRUCTION SUMMARY

20. Flow Measurement and Testing, if performed:

Pump Capacity: 350 GPM for 610' TDH
Static Water Level: 475.25' Pumping Water Level: 475.92'
Air Line Length: 500' Top Elevation (MSL): 479.64'
Bottom Elevation (MSL): -41.28'
Specific Capacity at Test: 280 GPM/.67' drawdown

Describe Method Used for Flow Measurement and Testing:

Test pump, utilize 4" water meter (turbine type), and
solinst water level meter (sounder)

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22. Provide a plan(s) of the well showing the following information:

- (a) Control valves, misc. fittings and appurtenances, and discharge piping;
- (b) Flow metering device, including size, flow range and manufacturer;
- (c) Vertical cross-section of the well showing details of the casing, grouting, pump setting, gravel pack, water level measurement devices;
- (d) Chlorination and fluoridation equipment; and
- (e) Elevation and location of permanent benchmark.

23. Describe provisions for protecting the well from erosion and animals and other contamination by specifying provisions for sanitary well seal, casing height above ground, and flood level elevation.

(1.) Concrete pedestal

(2.) _____

24. Describe procedures used for disinfecting the well.

No disinfection

Laboratory Analysis (Bacteriological)

25. If not previously submitted, attach a log of the well to this application.

IV. Signature

I ANTHONY C. BLAZ
Name

Chief Officer, PUAG
Title

state that I have knowledge of the facts herein set and that the same are true and correct to the best of my knowledge and belief and are made on good faith.

Signature: _____

Date: 4/28/89

APPLICATION FOR WELL OPERATING PERMIT (Cont.)

(For Agency Use Only)

Inspection of the well facilities was conducted on _____

By _____

Findings:

Water sample taken on _____ by _____

Results of the water quality analyses are attached.

Reviewed by the Chief Engineer:

_____ Date: _____

Recommendations: ☐ Approved ☐ Disapproved

Reasons for disapproval:

Signed: _____

_____ (Administrator)

_____ Date: _____

Well No.: _____

Well Operating Permit No.: _____

Date Issued: _____

Expiration Date: _____