



Public Health
 Environmental Health Services



APPLICATION FOR WELL PERMIT

THIS SECTION TO BE COMPLETED BY APPLICANT • HEALTH PERMITS ARE NOT TRANSFERABLE			
1 – PROPERTY INFORMATION			
Property Owner			Phone Number
Site Address	City	State	Zip
Assessor's Parcel Number		Email	
Township	N/S Tier	E/W Range	Section
Well Head	Latitude (decimal)	Longitude (decimal)	
Property Owner's Mailing Address		City	State Zip
2 – CONSULTANT INFORMATION			
Name of Consultant		Email	Phone Number
Address		City	State Zip
3 – REGISTERED WELL DRILLER INFORMATION			
Name of Driller			Phone Number
Email		C-57 License Number	
Return well permit to <input type="checkbox"/> Well Driller <input type="checkbox"/> Consultant <input type="checkbox"/> Property Owner			Return by <input type="checkbox"/> Mail <input type="checkbox"/> Email
4 – TYPE OF WORK			
<input type="checkbox"/> New <input type="checkbox"/> Reconstruction <input type="checkbox"/> Destruction			
Date of Work	Start Date	Completion Date	Estimated groundwater depth
5 – WELL TYPE			
<input type="checkbox"/> Agriculture <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Cathodic <input type="checkbox"/> Horizontal <input type="checkbox"/> Monitoring/Observation <input type="checkbox"/> Community/PWS/City – Specify Use Below <input type="checkbox"/> Residential – cannot be used as a community well <input type="checkbox"/> Test Use: <input type="checkbox"/> Other			
6 – ANNULAR SEAL			
Seal Depth (ft.)			
<input type="checkbox"/> Driven Conductor Diameter (in.) <input type="checkbox"/> Wall (gauge) (in.) <input type="checkbox"/> Drilling method <input type="checkbox"/> Sealing Material <input type="checkbox"/> Thickness (in.)			
Sealing material shall be placed in one continuous pour. Annular seal thickness must be at least 2 inches for public water supply wells.			
ITEMS 7 THROUGH 10 TO BE ESTIMATED FOR NEW WELLS, EXACT FOR ALL OTHER WELLS			
7 – DIMENSIONS			
Proposed Depth of Well (ft.)	Existing Depth of Well (ft.)	Diameter of Bore (in.)	
8 – CASING INSTALLED			
<input type="checkbox"/> Casing Material <input type="checkbox"/> ATSM/AWWA/APPI			
From (ft.)	To (ft.)	Diameter (in.)	Wall (Gauge)
Gravel Pack <input type="checkbox"/> Yes <input type="checkbox"/> No	From (ft.)	To (ft.)	
Specify Other Backfill Material	From (ft.)	To (ft.)	

9 – PERFORATIONS (list all if applicable)			
From (ft.)	To (ft.)	Well Screen Size	Pumping Rate (gpm)
10 – SEALED ZONES (list all if applicable)			
From (ft.)	To (ft.)		
11 – PLOT PLAN			
<p>a) In perspective to the well site, sketch and label the following items on a separate paper: well lot property lines, other wells (include abandoned wells), sewage disposal systems (sewers, septic tanks, leaching fields, seepage pits, cesspools), lakes and ponds, watercourses and animals or fowl kept.</p> <p>b) Indicate the distance, in feet, of any of the above which are within 500 ft. of the well site. The plot plan needs to be drawn to scale (1/2 inch = 100 feet). Show the approximate drainage pattern of the property and show access roads to the well site within 500 feet.</p> <p>c) <input type="checkbox"/> None of the above is within 500 feet.</p> <p>d) Solid or Liquid Disposal Site within Two Miles <input type="checkbox"/> Yes <input type="checkbox"/> No Location</p>			
12 – METHOD OF CONSTRUCTION OR DESTRUCTION			
<p>Provide the method of construction/destruction in the space below or as an attachment if more space is needed. The method shall be in accordance with the standards recommended in the California Department of Water Resources Bulletin No. 74-81 and 74-90. Title 22 standards shall also be followed for public water supply wells.</p> <p>I will submit water well drillers report to Environmental Health Services within 30 days of completion, and will construct or destroy well/borings in accordance with the permit application and Water Well Standards Bulletin 74-81 & 74-90.</p>			
13 – AGREEMENT AND SIGNATURE			
I have read this application and agree to comply with all laws regulating the type of work being performed.			
Property Owner's Signature X			Date
Print Property Owner's Name			
C-57 Contractor's Signature X			Date
Print Contractor's Name			
For Office Use Only	DISPOSITION OF PERMIT	For Office Use Only	DISPOSITION OF PERMIT
<input type="checkbox"/> Sent to Water Agency <input type="checkbox"/> Water Agency conditions or recommendations attached <input type="checkbox"/> Denied <input type="checkbox"/> Approved subject to the following:		Permit Number:	
		Expiration Date:	
		WP Number:	
<p>A. <input type="checkbox"/> Notify the Division's Safe Drinking Water Program at (800) 442-2283 at least seventy two (72) hours in advance to make an inspection of the following operations: (Inspections are conducted Monday – Friday between 8:00 AM to 5:00 PM). Failure to cancel or reschedule appointments may result in an additional hourly fee.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Prior to sealing of the annular space or filling of the conductor casing. <input type="checkbox"/> After installation of the surface protective slab and pumping equipment. <input type="checkbox"/> After installation of the surface features. <input type="checkbox"/> During destruction of wells, prior to pouring the sealing material.</p> <p>B. <input type="checkbox"/> Submit to the Division, within thirty (30) days after completion of work, a copy of:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Water Well Driller's Report <input type="checkbox"/> Bacterial Analysis <input type="checkbox"/> Inorganic Chemical Analysis <input type="checkbox"/> General Physical <input type="checkbox"/> Radiological Analysis <input type="checkbox"/> Nitrate as Nitrogen <input type="checkbox"/> Organic Chemical Analysis <input type="checkbox"/> General Mineral</p>			
Comments			
For Office Use Only	For Office Use Only	For Office Use Only	For Office Use Only
Fee:	FA Number:	Record ID:	PE Number:
Late Fee: <input type="checkbox"/> Y <input type="checkbox"/> N	Designated Employee:	Received By:	Date:
Check One: <input type="checkbox"/> New <input type="checkbox"/> Transfer <input type="checkbox"/> Reactivate		Changes (please specify):	