



WELL CONSTRUCTION APPLICATION

A Tradition of Stewardship
A Commitment to Service

Date: _____

Well Permit Number: _____

David Morrison
Director

PROPERTY OWNER INFORMATION:

Name: _____

Mailing Address: _____

Site Address: _____

APN: _____

Phone # _____

WELL DRILLER INFORMATION:

Company Name: _____

Well Driller's License Number: _____

Contact Person: _____

Address: _____

E-Mail: _____

Phone # _____

TYPE OF PERMIT (circle one):	Class 1A	Class 1B	Class II	Deepening
	Reconstruction		Other: _____	
PROPOSED USE (circle one):	Private			Public
To Serve This Parcel Only:	Yes	No	If no, list other APN(s): _____	

Is there access to the proposed well site? _____

Located in MST: Yes No
(If yes, please explain on reverse.)

Located in Flood Zone: Yes No

HazMat within 1500 feet: Yes No

SETBACKS TO WELL:

Sewer Line: _____ feet Septic Tank: _____ feet Disposal Field: _____ feet

WELL SPECIFICATIONS:

Casing Diameter: _____ inches Boring Diameter: _____ inches Annular Seal: _____ inches

Minimum Seal Depth: _____ feet Sealing Material: _____ Sealing Method: _____

Well Casing Material: _____ Will casing extend 8" above grade? Yes _____ No _____

A SCALED MAP OF THE WELL LOCATION SHALL BE ATTACHED TO THIS APPLICATION. THE MAP SHALL INCLUDE THE DISTANCE FROM THE WELL TO PROPERTY LINES, SEWAGE DISPOSAL SYSTEMS, STRUCTURES, ETC AND SHALL INCLUDE ALL OTHER PERTINENT INFORMATION SPECIFIC TO THIS WELL.

APPLICATION THIS IS NOT A PERMIT

Worker's Compensation Coverage (please check one):

() A Certificate of current Worker's Compensation Insurance Coverage is on file with the State of California, Department of Consumer Affairs, Contractors State License Board.

OR

() I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

By executing this application, the undersigned agrees to comply with all conditions, inspections and comments of the issued permit and all federal, state and county code requirements applicable to this permit. Furthermore, I understand that the Department of Environmental Health in no way guarantees trouble-free operation of the well and that future repair or the drilling of a new well may be necessary.

Please sign below:

Signature: _____ Date: _____

Please print your name: _____