



WELL APPLICATION AND PERMIT FORM

ENVIRONMENTAL MANAGEMENT DEPARTMENT – ENVIRONMENTAL COMPLIANCE DIVISION
10590 ARMSTRONG AVENUE • SUITE A • MATHER, CA 95655
TELEPHONE (916) 875-8400 FAX: (916) 875-8513

WELL INSPECTION LINE: (916) 875-8524

IS THIS PERMIT FOR A HAZARDOUS SUBSTANCE INVESTIGATION? YES NO

FOR OFFICE USE ONLY		EXPEDITED PROCESSING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED W/CONDITIONS (ATTACHED)		PERMIT NUMBER(S): _____	
BY: _____	DATE: _____	DATE RECEIVED: _____	TOTAL FEE: _____
INITIAL GROUT BY: _____	DATE: _____	RECEIPT NO: _____	DEPTH TO WATER: _____
FINAL INSPECTION BY: _____	DATE: _____	WELL DEPTH: _____	GROUT DEPTH: _____
DESTRUCTION BY: _____	DATE: _____	GPS: N: <u>38</u>	W: <u>-121</u>
COMMENTS: _____			

SITE ADDRESS:	
Job Address: _____	Nearest Major Cross Street: _____
Property Owner: _____	Parcel Number(s): _____
Well Contractor: _____	CA License No.: _____
Contractor's Address: _____	
Well/Boring Identification Number(s): _____	

TYPE OF WORK: (California C-57 License required unless noted otherwise)

- Well construction
- Vault box repair (General A or B)
- Well destruction (**SUPPLEMENT REQUIRED**)
- Pump replacement (or C-61)
- Well repair
- Exploratory boring (C-57 if water present)
- Well inactivation (Owner only)
- Pump repair (or C-61)
- Other: _____

INTENDED USE:

- Domestic/private
- Dewatering
- Geotechnical boring
- Irrigation/agricultural
- Cathodic protection
- Environmental boring
- Water/vapor monitoring/extraction
- Heat exchange
- Other: _____
- Public water system: _____

(NAME OF WATER PURVEYOR WITH CONTACT NAME AND TELEPHONE NUMBER)

DRILLING METHOD:

- Mud rotary
- Air Rotary
- Cable tool
- Auger
- Driven
- Other: _____

SETBACKS: (Wells only)

- Is the well located within 50 feet of a: sewer line, stream, ditch, drainage course, pond, or lake? No
- Is the well located within 100 feet of a: septic tank, leach line, deep trench, or animal enclosure? No

SPECIFICATIONS:

BOREHOLE: Diameter: _____	Depth: _____	CASING: Diameter: _____	Depth: _____
	Diameter: _____	CASING: Diameter: _____	Depth: _____
CONDUCTOR: Diameter: _____	Depth: _____	IF STEEL: Gauge: _____ or Thickness: _____	
ANNULAR SEAL: Depth: _____	Material: _____	IF PLASTIC: Type: _____ (Must meet ASTM F-480)	
TRANSITION SEAL: Material: _____		MULTIPLE COMPLETION? <input type="checkbox"/> Yes (DIAGRAM REQUIRED)	
COMMENTS: _____			

PUMP INSTALLATION/REPAIR:

Contractor: _____
License Number: _____ Type of Pump: _____ Horsepower: _____

I will comply with all Codes, Rules and Regulations of the State and County pertaining to or regulating wells and pumps, call (916) 875-8524 for a grout inspection at least 24 hours prior to the requested appointment time, submit a "Well Completion Report" (if required) within 60 days of the completion of my work so a final inspection can be made, and obtain WPD approval before placing a well in service.

SIGNATURE: _____ Property Owner
PRINTED NAME: _____ Well Contractor
COMPANY: _____ Agent (**REQUIRES AUTHORIZATION FORM**)
MAILING ADDRESS: _____
PHONE NUMBER: _____ FIELD PHONE: _____

**A SITE PLAN MUST BE SUBMITTED WITH EACH APPLICATION.
PERMIT EXPIRES ONE (1) YEAR AFTER DATE APPROVED (UNLESS EXTENDED)**