

## **ENVIRONMENTAL HEALTH DRINKING WATER PROGRAM**





5050 Commerce Drive, Baldwin Park, CA 91706 Telephone: (626) 430-5420 • Website: http://www.publichealth.lacounty.gov/eh

## APPLICATION FOR WELL REUSE AFTER THE WOOLSEY FIRE - NOVEMBER 2018

| THIS SECTION TO BE COMPLETED BY APPLICANT  |                  |                            |              |
|--|------------------|----------------------------|--------------|
| 1 – PROPERTY INFORMATION   |                  |                            |              |
| Property Owner   |                  |                            | Phone Number |
| Site Address   | City             | State                      | Zip          |
| Assessor's Parcel Number   | Email            |                            |              |
| Property Owner's Mailing Address (if different from site address)  | City             | State                      | Zip          |
| 2 - REQUIREMENTS TO OBTAIN APPROVAL FOR REUSE  |                  |                            |              |
| Pictures of the well must be provided with the application to  | show the follo   | wing requirements are met: |              |
| a) Is the well watertight?   |                  |                            |              |
| ☐ Yes ☐ No   |                  |                            |              |
| b) Does the well have a check valve?   |                  |                            |              |
| Yes No   |                  |                            |              |
| c) Was the well damaged as a result of the natural disaster?   |                  |                            |              |
| ☐ Yes ☐ No   |                  |                            |              |
| (Note: If damage is to the well casing or the annular seal, the repair must be completed by a licensed well driller and a well permit must be obtained.) |                  |                            |              |
| 3 – APPLICATION SUBMITTAL  |                  |                            |              |
| Submit application along with pictures of required features to Environmental Health. This may be done one of the following ways:                         |                  |                            |              |
| At the Counter or via Mail: Environmental Health – Drinking  | g Water Program  | m                          |              |
| 5050 Commerce Dr.<br>Baldwin Park, CA 91706  | y water i rogiai |                            |              |
| Via Email: <u>waterquality@ph.lacounty.gov</u>   |                  |                            |              |
| 4 – AGREEMENT AND SIGNATURE  |                  |                            |              |
| I understand this is an application for well reuse and that by approva all California Well Standards. For more information on these standards            |                  |                            |              |
| Property Owner's Signature   |                  | Date                       |              |
| , ,  | Use Only For     | Office Use Only For Office | e Use Only   |
| Approval/Comments  |                  |                            |              |
|  |                  |                            |              |
|  |                  |                            |              |
|  |                  |                            |              |
|  |                  | Department Stamp           |              |
| Inspector Signature Date   |                  |                            |              |
|  |                  |                            |              |