

WELL PERMIT APPLICATION - PRODUCTION WELLS

DRINKING WATER PROGRAM - ENVIRONMENTAL HEALTH DIV.

5050 COMMERCE DRIVE, BALDWIN PARK, CA 91706 TELE (626) 430-5420 FAX (626) 813-3016

DATE _____

<input type="checkbox"/> NEW WELL CONSTRUCTION	<input type="checkbox"/> RECONSTRUCTION OR RENOVATION	<input type="checkbox"/> DECOMMISSIONING	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> PRIVATE DOMESTIC	<input type="checkbox"/> PRIVATE IRRIGATION	<input type="checkbox"/> OTHER: _____	

WELL LOCATION

Site Address	City	Zip Code
Town ship	Range	Section
Map Book Page/Grid		
GPS location: (To be completed after the final seal)		

WELL STRUCTURE

Type and Size of Production Casing	Sanitary / Annular Sealing Material
Depth of Sanitary / Annular Seal	Conductor Casing Seal

OWNER INFORMATION

Owner's Name	Telephone Number
Address	City
	Zip Code

DRILLER INFORMATION

Driller's Name	Telephone Number	C-57 License Number
Address	City	Zip Code

WELL DECOMMISSIONING INFORMATION

Well Depth	Method of Well Assessment	Depth and Number of Perforations
<input type="checkbox"/> log/records		
Type and Amount of Sealant	Type of Perforator	Size of Perforations
		Method of Upper Seal Pressure Application

CONSULTANT INFORMATION

Company			
Address	City	State	Zip Code
Project Manager		Telephone Number	

ATTENTION: WORK PLAN MODIFICATIONS MAY BE REQUIRED IF WELL AND GEOLOGIC CONDITIONS ENCOUNTERED AT THE SITE INSPECTION ARE FOUND TO DIFFER FROM THE SCOPE OF WORK PRESENTED TO THIS DEPARTMENT.

I hereby agree to comply in every respect with all the regulations of the County Environmental Health Division and with all ordinances and laws of the County of Los Angeles and the State of California pertaining to well construction, reconstruction, and decommissioning. Upon completion of the well and within thirty days thereafter, I will furnish the Environmental Health office with a completion log of the well, giving date drilled, depth of the well, perforations in the casing, and any other data deemed necessary by the County Environmental Health Division.

Signature of C-57 Licensee: _____ Printed Name: _____

THIS PERMIT IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING REQUIREMENTS ARE SIGNED OFF BY THE DEPUTY HEALTH OFFICER. WELL CONSTRUCTION OR DECOMMISSIONING CANNOT BE INITIATED WITHOUT A WORK PLAN APPROVAL FROM THIS DEPARTMENT.

***** (DEPARTMENT USE ONLY) *****

WORK PLAN APPROVAL This Approval is Valid for 180 Days	FINAL INSPECTION The placement of the annular seal must be witnessed by a Deputy Health Officer for the permit to be valid. Contact this Department to arrange for an appointment
REHS _____ DATE _____	REHS _____ DATE _____
Conditions:	WATER QUALITY The completed water well must be properly disinfected and meet required bacteriological and inorganic chemical standards prior to approval
	REHS _____ DATE _____
	PERMIT ISSUED Well completion log must be received by this Department prior to issuance of final approval
	REHS _____ DATE _____

Well Location (Include distances from road and major cross streets)	
Projected Start Date	Projected End Date

WELL LOCATION DIAGRAM	WELL DECOMMISSIONING DIAGRAM
<p style="text-align: center;">At site inspection, the well location must be staked and clearly marked with the owner's name</p> <div style="text-align: center; margin: 20px 0;"> <p>NORTH</p>  </div> <div style="text-align: center; margin: 100px 0;"> <p>WELL LOCATION</p>  </div> <p style="font-size: small; margin-top: 20px;">Provide a scaled drawing (1 inch = 50 feet) with labels and dimensions, indicating property lines, private sewage disposal systems and other possible sources of contamination within 200 feet of the well site. Attach all supporting documents.</p>	<div style="border: 1px solid black; height: 400px; width: 100%;"></div>

WORK PLAN DETAILS (Construction or Decommissioning)

NOTES/COMMENTS (Department Use Only)