



# 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

<b>FOR OFFICE USE ONLY</b>		<b>EXPEDITED PROCESSING?</b> <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: _____			

<b>SITE ADDRESS:</b>	
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: \_\_\_\_\_ Depth: \_\_\_\_\_ 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?  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)**