



| FOR OFFICE USE ONLY | |
|---------------------|-------|
| Amt Due: | _____ |
| Date Received: | _____ |
| Receipt #: | _____ |
| Invoice #: | _____ |
| WP #: | _____ |
| PE #: | _____ |

Department of Health and Human Services, Environmental Health Division
 Auburn Office: 3091 County Center Drive, Suite 180, Auburn, CA 95603 (530) 745-2300
 Tahoe Office: 775 N Lake Blvd, Suite 203, Tahoe City, CA 96145 (530) 581-6240

WATER WELL APPLICATION

To Construct, Repair, Reconstruct or Destroy a Water Well

WELL CONSTRUCTION DETAILS:

Type of Work: New Well Destruction* Deepening Modification Other_____

Well Use: Individual Public Agricultural Other_____

Existing wells on the property? Yes No Abandoned wells on the property? Yes No

Alternate drilling sites indicated? **Yes No

Distance to nearest: Septic tank _____ Leaching field _____ Seepage pit _____
 Sewer line _____ Property line _____ Other well _____

PROPERTY DETAILS:

Assessor's Parcel Number: _____

Job Address/Location: _____

Concerns/Comments: _____

Property Size: _____ Subdivision: _____ MLD#: _____ Parcel/Lot#: _____ Zoning: _____

OWNER DETAILS:

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

WELL DRILLER DETAILS:

Name: _____ CL# and Type: _____

Mailing Address: _____

Phone: _____ Email: _____

An application is complete only when the form is filled out in full, signed by the licensed driller and includes:

1. A vicinity map and clear written directions to the proposed well site.
2. Copy of assessor's plat.
3. Appropriate permit filing fee.
4. Two(2) copies of an accurate site plan, drawn to scale showing property lines, existing wells, sewage systems, sewer lines, animal feed lots, and all other features of potential contamination. Also show location of restrictions, e.g. easements, rights-of-way, sewer lines.

Submission of an incomplete application or omission of required information as outlined will result in a delay in processing this permit. The effective application receipt date will be the date on which all required information is received.

Well Driller's Name Printed: _____

Well Driller's Signature: _____ **Date:** _____

* Complete an Abandoned Well Destruction form and submit with application.

** Additional information needed for "Standby Well" use may be required.