

APPLICATION FOR WELL PERMIT

New Replacement Supplemental Destruction Other _____ Geothermal Monitoring Well

Site Parcel Number _____ Other Parcels Served _____ (Permit #) _____ (Envision #) _____ Program Element _____

Site Address _____

Owner _____ Address _____

Drilling Contractor _____ License # _____ Phone _____

Directions To Site _____ **ESTIMATED WORK DATES:** START _____ COMPLETION _____

Mail Correspondence To: _____

DESIGN SPECIFICATIONS:

INTENDED USE

DOMESTIC: _____
 #Homes Served _____
 WATER SYSTEM WELL: _____
 Name of Water System _____

DISTANCE FROM WELL SITE TO:

SEPTIC SYSTEMS _____
 SEWER _____
 NEAREST PROPERTY LINE _____

TYPE OF WELL CONSTRUCTION

ROTARY _____
 CABLE _____
 DUG _____
 OTHER _____

MONITORING WELL:

GRDWTR _____ VADOSE _____
 OTHER: _____ (SPECIFY)

CASING

SINGLE _____ DOUBLE _____
 MATERIAL _____
 TYPE OF JOINT _____
 GRAVEL PACK _____

IRRIGATION _____ Acres: _____
 Crop: _____
 Water Use: _____ af/yr

COMMERCIAL/INDUSTRIAL _____ Type: _____

WITHIN WATER DISTRICT SERVICE AREA _____ NO _____ YES NAME: _____ (FORM HSA-579-REQUIRED)

CONSTRUCTION DEPTH (FT.) _____ DIAMETER (IN.) _____ DEPTH OF SEAL (FT.) _____ WIDTH OF SEAL (IN.) _____

EXISTING WELLS ON PROPERTY:

- OTHER WELLS ON PROPERTY: NUMBER: _____ TYPES: DOMESTIC _____ IRRIGATION _____ COMMERCIAL USE _____ OTHER _____
- CONDITION OF OTHER WELLS ON PROPERTY: IN USE _____ TO BE DESTROYED _____
- IF NEW WELL REPLACES AN EXISTING WELL, INDICATE INTENTIONS FOR USE OF REPLACED WELL:
 _____ TO SUPPLEMENT NEW WELL _____ TO BE DESTROYED _____ OTHER _____

WELL DESTRUCTION: Depth Of Well _____ Depth Of Seal: _____ Number Of Water Formations Penetrated _____ Perforation?: _____
 Cleaning Of Well Required Yes: _____ No: _____ Sealing Material _____ Other measures: _____

Plot Plan: Attach 2 copies of plot plan (see reverse for requirements)

I hereby agree to comply with all laws and regulations of the county of Santa Cruz and state of California pertaining to well construction, and declare under penalty of perjury the information submitted on this application is true and correct. I will contact the environmental health service when I commence the work. Within 15 days after completion of work I will furnish the environmental health service a report of the work performed and notify them before putting the well into use. **I understand that this permit expires one year from date of issuance.** I understand approval of the well permit does not indicate whether this property is suitable for an individual sewage disposal system or that a permit to install such system will be granted.

WORKER'S COMPENSATION CERTIFICATE

A CURRENTLY EFFECTIVE CERTIFICATION OF WORKERS COMPENSATION INSURANCE IS ON FILE WITH THIS OFFICE.
 INSURANCE CARRIER _____ POLICY # _____
 I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED I SHALL NOT EMPLOY ANY PERSON IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKER'S COMPENSATION LAWS OF CALIFORNIA

PROPERTY OWNER _____ DRILLING CONTRACTOR _____ / /

FOR OFFICE USE ONLY:

	<u>DATE</u>	<u>EHS SPECIALIST</u>	<u>MGR</u>	<u>ANNULAR WELL SEAL WITNESSED:</u>
SITE INSPECTION	_____	_____	_____	____ YES DATE _____
SUPPLEMENTAL WATER USE SHEET	_____	_____	_____	____ NO DEPTH _____
APPLICATION APPROVAL	_____	_____	_____	SEAL MATERIAL _____
PAD INSPECTION	_____	_____	_____	# SACKS CEMENT/YARD _____
RECEIPT OF WELL LOG	_____	_____	_____	<u>WATER QUALITY DATA RECEIVED</u> _____ OK?
FINAL	_____	_____	_____	

WATER EFFICIENCY EVALUATION REQUIRED YES _____ NO _____ COMPLETE: _____ INSTALLATION VERIFIED _____

GEOPHYSICAL LOG REQUIRED YES _____ NO _____ RECEIVED: _____

COMMENTS: _____

DISTRIBUTION: WHITE - EHS /YELLOW - WELL DRILLER /PINK - FISCAL CONTROL /GOLDENROD - RECEIPT