





**WELL PERMIT APPLICATION - NON PRODUCTION WELLS**

WATER QUALITY PROGRAM - ENVIRONMENTAL HEALTH DIVISION

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"/> MONITORING	<input type="checkbox"/> CATHODIC	<input type="checkbox"/> INJECTION	<input type="checkbox"/> EXTRACTION
<input type="checkbox"/> HYDROPUNCH	<input type="checkbox"/> C.P.T. (For Ground Water Sampling)	<input type="checkbox"/> OTHER: _____	<input type="checkbox"/> HEAT EXCHANGE

**WELL LOCATION**

Site Address	City	Zip Code
Nearest Intersection	Thomas Guide Map Book Page/Grid	Number of Wells in Each Parcel

**WELL STRUCTURE**

Total Depth of Well	Depth of Well 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 <input type="checkbox"/> log/records	Method of Well Assessment	Depth and Number of Perforations
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	Fax 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 data deemed necessary by the County Environmental Health Division Of Los Angeles County.

Signature of Applicant: \_\_\_\_\_ 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) \*\*\*\*\*

<b>WORK PLAN APPROVAL</b> This Approval is Valid for 180 Days	REHS	DATE
Conditions:		
<b>FINAL INSPECTION</b> The v dkkcdbl 1 hrrlnmf must be witnessed by a Deputy Health Officer for the permit to be valid. Contact this Department to arrange for an appointment	REHS	DATE

**NOTICE**

This well permit approval is limited to compliance with the California Well Standards and the Los Angeles County Code and does not grant any rights to construct, reconstruct, or decommission any well. The applicant is responsible for securing all other necessary permits.

