## **GLENN COUNTY** Planning & Community Development Services Agency Environmental Health Department

225 N Tehama St. Willows, CA 95988 Tel: 530.934.6102 Fax: 530.934.6103 www.countyofglenn.net ATATE OF CALLADOR

MARDY THOMAS, DIRECTOR

Well Permit #

## **Well Permit Application**

Applicant Information	:						
Owners Name:			Phono #:				
Mailing Address:   Fax #:							
Email Address:							
Well Contractor Email:			_ Fax #:				
Well Contractor CA C-57 License #							
Property & Well Location:							
Assessor's Parcel Number:	Long. /Lat. Source:						
Well Longitude:	ngitude: Well Latitude:						
Property Address/Location:							
(Provide Nearest Cross Road)							
Type of Work:	New Well  Replacement Well	Repair/Deepen E	□ Test Hole □ Destruction □				
Well Type:	Domestic       Industrial       Agricultural       Monitoring       Public       Soil Boring       # ( )         Cathodic Protection       Other						
Distance From Well:	Septic Tank (ft.): Dispersal Field (ft.): Animal Enclosure (ft.):						
Total Number of Wells on Property:	Active: Inactive: Abandoned:						
Construction Detail P	roposed:	Construction Detail Actual:					
Borehole Depth (ft):	_ Conductor Material:	Borehole Depth (ft):	Conductor Material:				
Borehole Dia. (in):	_ Conductor Dia. (in):	Borehole Dia. (in):	Conductor Dia. (in):				
Casing Depth (ft):	_ Conductor Depth (ft):	Casing Depth (ft):	Conductor Depth (ft):				
Casing Dia. (in):	_ Seal Depth (ft):	Casing Dia. (in):	Seal Depth (ft):				
Casing Material:	_ Gravel Pack: Yes □ No □	Casing Material:	Gravel Pack: Yes 🗆 No 🗆				
Casing Gauge:	_	Casing Gauge:					

Destruction Detail:	Well Depth (ft):          Well Diameter (in):			
Sealing Material:	Neat Cement □       10.3 Sack, Sand Cement □       Concrete □         Bentonite: Type:       Product Name:			
Pump Size and Well Use:	Proposed Pump Size:         Proposed Well Use (ex. Almonds, Rice):			

## **Plot Plan Requirements**

Submit plot plan on a separate 8 ½ inch by 11-14 inch piece of paper. Indicate all distances in feet. Provide the names of streets or roads nearest to the property. Provide dimensions of the property, water surface features and all existing and proposed structures. Provide locations of animal enclosures, existing and proposed onsite wastewater treatment systems, including expansion and repair areas, within 300 feet of the new well. Provide locations of all other wells within 300 feet of the new well. Location information shall include all adjacent parcels, if within the setbacks.

A labelled satellite image or aerial photo (ex. Google earth) may be submitted in place of a plot plan drawing and would be preferred.

Permit Application Conditions of Approval/Notes (Official Use Only)

## Agreement and Signature of Owner and Well Contractor:

I certify that I have read this application and the information described herein is correct. I agree to comply with all State and County laws, standards, ordinances, regulations and conditions related to this well, and hereby agree to obtain all required inspections of this well. I agree to contact the Environmental Health Department at least one (1) business day prior to the desired inspection time(s). I agree to submit a "*Well Completion Report*" and "*E-Log*" (if required) to the Environmental Health Department. "*Well Completion Report*" and "*E-Log*" (if required) to the Environmental Health Department. "*Well Completion Report*" and "*E-Log*" (if required) to the Environmental Health Department. "Well completion Reports" shall be submitted to the Environmental Health Department within sixty (60) days of well seal completion.

I understand that meters are recommended on all new, replacement, repaired and deepened non-exempt wells. Meters should meet current applicable industry standards and be installed per the manufacturer's specifications. I understand that this well may become subject to further requirements and restrictions in order to meet groundwater management and sustainability goals. I certify that I will work cooperatively with County Officials and Authorized Groundwater Sustainability Agency Staff in order to implement groundwater management and sustainability goals.

I understand every permit expires one (1) year after issuance. I further understand that if the well cannot be completed within one (1) year I may apply for an additional one (1) year extension, before the permit expires and with Environmental Health Department approval.

Signature of Owner		_	-	Date			
Signature o	of Well Contractor	-	-	Date			
Official Use Only							
	□ Submitted	□ GSA	Consultant				
Date:	Approved to Drill Test Hole:		REHS Signature				
Date:	E-Log Received:		_				
Date:	Approved to Drill/Destroy We	ell:	_				
Date:	Conductor Seal Approval:		REHS Signature				
Date:	Annular/Destruction Seal Ap	proval:	REHS Signature				
Date:	Well Log Received:		REHS Signature				
Date:	Final Approval:		REHS Signature				
Date:	Fee Paid:	Receipt	#:	_ Rec'd by:			