

MONTEREY COUNTY HEALTH DEPARTMENT

Environmental Health Bureau
Well/Drinking Water Protection Services

1270 Natividad Road, Salinas, CA 93906
Phone: (831)755-4507 Fax: (831)796-8691

Supplemental Emergency Well Application

Well Permit #: _____

Applicant: _____

Address: _____

Parcel Number: _____

Contractor: _____

Applicant Statement: provide the reason for requesting the construction of an emergency well, describe the observable causes and negative impacts produced by the existing well to including but not limited to, well casing condition, decrease in well production, water quality.

Provide the following evidence / data including but not limited to either of the following:

1. A video that has been completed within the last six (6) months with the following:
 - Date of video and reason for video:
 - Name of contractor performing video and qualification:
 - Signed documentation by contractor with date and location of well:
 - Written statement by contractor or well driller who is knowledgeable with well construction with a C-57 contractor state license of the condition of well and life expectancy of the well if it is not replaced.
 - Written statement from contraction or well driller that the well has collapsed.

2. Two years data of past well production:
 - Two years data of past well production:
 - Documentation of lost production or evidence of having to purchase water to sustain production of crops, livestock or household.
 - Written statement from qualified well driller with C-57 state license stating that production of existing well has decreased due to reasons other than casing failure that production has decreased on existing well, well going dry.

And/Or:

- Water quality report from a qualified lab showing elevated levels of Chloride, Specific Conductance (EC), Total Dissolved Solids, Sodium, Calcium, Magnesium, or any combination of elements that indicate they would cause detrimental damage to crop.

Emergency well application reviewed and approved by _____

Date _____

List reason for emergency well application approval / denial: