MONTEREY COUNTY HEALTH DEPARTMENT

En vironmental Health Bureau
Drinking Water Protection Services

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

APPLICATION TO CONSTRUCT: WATER WELL, MONITORING WELL, BOREHOLE, CATHODIC PROTECTION WELL, INJECTION WELL OR GEOTHERMAL WELLS

Estimated Work: St	:art/	/	Finish/	/ Rece	eive Permi	t by: 🗆 - Mail	☐ - E-Mail	☐ - Pick Up
Property Owne	er:							
Name/T	itle:							
Mailing Addr	ess:							
(City:				Zip:			
Pho	one:				•			
E-N	/lail:							
Applicant-if dif	ferent from	Property	Owner:					
Name/T	itle:							
Mailing Addr	ess:							
(City:				Zip:			
Pho	one:							
E-N	/lail:							
Contractor:								
Compa	any:							
Cont	act:							
Mailing Add	ress							
(City:				Zip:			
Pho	one:				C-57 Li	cense:		
E-N	/lail:					-		
Proposed Site:								
Site Addr	ess:							
(City:				Zip:			
A	NPN:				Acres:			
GPS Coordina	tes:							
Site Preparation: ☐-Yes: (Describe		required (leveling, pit, roa	d, containment	area, etc.	?) □ -No		
Intended Use: - Agricultural Irrigation - Residential Irrigation (no domestic use) - Domestic/Single Connection - Domestic/Multiple Connection: # of connections:Name of system: Geothermal - Cathodic Protection - Monitoring - Industrial - Injection - Stock - Test (borehole)*								
GPM needed: Associated PLN/BP:								
Replacement Well: - No - Yes - No								
☐ - Yes: If yes, Reason for Replacement/Emergency?								
Must complete Emergency Supplemental Emergency Application.								
Monterey County GSA areas \square - Yes \square - No \square If yes which area (see below top of page 2 for area)								
Total number of wells on property: Number of wells in use? Inactive? Abandoned?								
M. C. H. DE. H. B. OFFICE USE ONLY								
Date:	/	/	Record ID:		Re	ceived by:		
Check #:			Amount:			Invoice #:		

GSA SUBBASIN

☐ 180/400 ☐ Monterey ☐	Langley Eastside Forebay Upper Valley PVWMA
	rina Coast 🗌 Arroyo Seco 🔲 MPWMD
Site Address:	APN:
Sewer lines, mains, or	. Existing wellft. Leach lineft. Seepage pitft. Septic tankft. lateralsft. fuel tankft. □ - above □ - below ground Animal enclftft
Type of Offsite Waste Disposal. Sewer	Leach field Seepage bit
crossroad, arrow indicating north; property location of septic tanks, seepage pits and the property indicating the proposed locat well site field visit is required, a charge at	ion must accompany this application: Written directions to the proposed site; nearest y lines; distance from proposed well to property lines; location of other wells on property; leach lines on property and within 150 feet of well site. Additionally, an aerial photo of tion and photos of well site is requested. If an inadequate map is provided and a second the currently hourly rate may be required for the additional site visit. Flag the precise surveyor's stake with the words "Proposed Well."
PROPOSED DESIGN/CONSTRUCTION FEATU	JRES:
	☐ - Reverse Rotary ☐ - Air ☐ - Cable Tool ☐ - Other: ☐ - Cathodic Protection
Conductor casing: To be installed? Bore hole diameter	If yes, Lengthft. Diameter in. Thicknessinin. Seal Depthft
Seal Depthft Diameterin. Bore hole diameter **Minimum of 3" for pu	line pipe
	per
Proposed Seal: Material	Volume Length Locationcu. ydsfttoft.
	cu. ydsfttoft.
Proposed location of perforations or screen	ns: to ft to ft to ft.
Concrete pump base: Length in.	Widthin. Thicknessin.
approval of a well permit does not indicate whether granted. I understand fees submitted with this appli and employees from actions or claims of any descriissuance of the permit and the conduct of the activiti Additionally, I understand submitting an instance of the permit and the conduct of the activities.	incomplete application will delay the processing of my permit.
	Date:/ Print
SIGNATURE OF APPLICANT-IF DIFFERENT	FROM PROPERTY OWNER: Date:/ Print
SIGNATURE OF CONTRACTOR:	
	Date:/ Print
***If signed by authorized representative	instead of owner, submit proof of authorization

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