

MONTEREY COUNTY HEALTH DEPARTMENT

Environmental Health Bureau
 Drinking Water Protection Services

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

**APPLICATION TO REPAIR OR ALTER:
 WATER WELL, MONITORING WELL OR CATHODIC PROTECTION WELL**

Estimated Work: Start ___/___/___ Finish ___/___/___ Receive Permit by: - Mail - E-Mail - Pick Up

Property Owner:			
Name/Title:			
Mailing Address:			
City:		Zip:	
Phone:			
E-Mail:			
Applicant-if different from Property Owner:			
Name/Title:			
Mailing Address:			
City:		Zip:	
Phone:			
E-Mail:			
Contractor:			
Company:			
Contact:			
Mailing Address:			
City:		Zip:	
Phone:		C-57 License:	
E-Mail:			
Proposed Site:			
Site Address:			
City:		Zip:	
APN:		Acres:	
GPS Coordinates:			

Site Preparation: Any grading required (leveling, pit, road, containment area, etc.?) No -Yes: (Describe): _____

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
 - Stock
 - Test (borehole)*
 GPM needed: _____ Associated PLN/BP: _____

Total number of wells on property: _____ Number of wells in use? _____ Inactive? _____ Abandoned? _____

Distance to nearest: Property Line _____ ft. Existing well _____ ft. Leach line _____ ft. Seepage pit _____ ft. Septic tank _____ ft.
 Sewer lines, mains, or laterals _____ ft. fuel tank _____ ft. - above - below ground Animal encl. _____ ft.

Type of Onsite Waste Disposal: Sewer _____ Leach field _____ Seepage pit _____

GSA Area - Yes - No

-----M. C. H. D. -E. H. B. OFFICE USE ONLY-----			
Date:	/ /		Received by:
Check #:	Amount:		Invoice #:

Site Address: _____ APN: _____

A map containing the following information must accompany this application: Written directions to the site; nearest crossroad; arrow indicating north; property lines; distance from proposed well to property lines; location of other wells on property; location of septic tanks, seepage pits and leach lines on property and within 150 feet of well site. Additionally, an aerial photo of the property indicating the location and photos of well site is requested. If an inadequate map is provided and a second well site field visit is required, a charge at the current hourly rate may be required for the additional site visit.

DESIGN/CONSTRUCTION FEATURES:

Existing Well: Video Available? - Yes, attach - No Log Available? - Yes, attach - No

Conductor casing: - No - Yes; Length _____ ft. Diameter _____ in. Thickness _____ in.
Seal width _____ in. Seal depth _____ ft. - N/A - Cable Tool

Production casing: () - Standard or () - line pipe - Structural Steel - Thermoplastics: type _____ - Thermoset Plastic
Diameter _____ in. - Single - Double
Seal width** _____ in Seal depth** _____ ft - N/A-Cable Tool

Location of existing perforations or screens: : _____ to _____ ft. _____ to _____ ft. _____ to _____ ft.

Proposed Well Changes: Attach diagram showing existing well and proposed changes

Deepening existing well: - No - Yes, type of construction: -Mud Rotary - Reverse Rotary -Air -Cable Tool
Spoils/fluid containment: - Pit - Portable box/container -Other: _____

Production casing: () - Standard or () - line pipe - Structural Steel - Thermoplastics: type _____ - Thermoset Plastic
Diameter _____ in. - Single - Double - Type of joint _____
Seal width** _____ in Type/method of centralizing _____

** Minimum of 3' for public water system wells, minimum of 2' for all others

Logging to be used: - Electric - Caliper - Fluid movement -Geologic - Other: _____

Proposed Seal: Material	Volume	Length	Location
_____	_____ cu. yds.	_____ ft	_____ to _____ ft.
_____	_____ cu. yds.	_____ ft	_____ to _____ ft.
_____	_____ cu. yds.	_____ ft	_____ to _____ ft.

Proposed location of perforations or screens: _____ to _____ ft. _____ to _____ ft. _____ to _____ ft.

Concrete pump bases: Length _____ in. Width _____ in. Thickness _____ in.

I hereby agree to comply with all conditions, laws and regulations of the County of Monterey and the State of California pertaining to well construction. I understand approval of a well permit does not indicate whether this property is suitable for an individual sewage disposal system or that a permit to install such a system is granted. I understand fees submitted with this application are non-refundable. I hereby agree to indemnify and hold harmless the County and its officers, agents and employees from actions or claims of any description brought on account of any injury or damages sustained, by any person or property resulting from the issuance of the permit and the conduct of the activities authorized under requested permit.

Additionally, I understand submitting an incomplete application will delay the processing of my permit.

SIGNATURE OF PROPERTY OWNER***:

_____ 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