

WELL PERMIT APPLICATION

MONO COUNTY HEALTH DEPARTMENT

P.O. Box 476, Bridgeport CA 93517 (760) 932-5580, (760) 932-5284 (fax)
P.O. Box 3329, Mammoth Lakes CA 93546 (760) 924-1830, (760) 924-1831 (fax)

PLEASE COMPLETE APPLICATION TO THICK BLACK LINE AND RETURN TO THIS OFFICE WITH APPLICABLE PERMIT FEE.

PLEASE SUBMIT 3 COPIES OF THIS APPLICATION FORM, WITH 3 COPIES OF THE SITE PLAN OF THE WELL LOCATION.

PROPERTY INFORMATION:

Property Owner _____ Telephone _____
Mailing Address _____ City, State, Zip _____
Assessor's Parcel Number _____ Property Location _____

WELL DRILLER INFORMATION:

Well Driller _____ Cont. License Number _____
Company _____ Telephone Number _____
Business Address _____ City, State, Zip _____

WELL INFORMATION:

TYPE OF WORK: New well _____ Repair or Modification _____ Destruction _____ Proposed Depth _____ feet
USE: Domestic _____ Irrigation _____ Industrial _____ Test Well _____ Municipal _____ Other _____
EQUIPMENT: Rotary _____ Cable Tool _____ Other _____

PROPOSED SEALING ZONES:

From _____ to _____ Feet
From _____ to _____ Feet
From _____ to _____ Feet

SEALING MATERIAL:

Neat Cement _____
Cement Grout _____
Bentonite Clay _____
Concrete _____

PROPOSED PERFORATIONS OR SCREEN:

From _____ to _____ Feet
From _____ to _____ Feet
From _____ to _____ Feet
From _____ to _____ Feet

METHOD OF SEALING: Pressure sealed by pumping: Yes _____ No _____

DATE OF WORK: Start _____ Completion _____

I hereby agree to comply with all regulations of the Mono County Health Department and with all ordinances and laws of the County of Mono and State of California pertaining to well construction, repair, modification, and destruction. Immediately upon completion of work I will furnish the Mono County Health Department with a complete and accurate Well Completion Report of the well.

PROPERTY OWNER'S SIGNATURE: _____ **DATE:** _____

WELL DRILLER'S SIGNATURE: _____ **DATE:** _____

WELL PERMIT NO. _____

(Valid for twelve (12) Months from Date of Issue)

VERIFICATION OF CONTRACTOR'S LICENSE _____ \$ _____ FEE PAID ON _____ REC # _____

This certifies that permission is hereby granted to _____ to construct the above well in accordance with this application and attached conditions.

By: _____
Environmental Health Specialist Date

CERTIFICATE COMPLETION: _____
Environmental Health Specialist Date

(WHEN SIGNED BY THE HEALTH OFFICER, THIS APPLICATION IS A PERMIT)

09/22/08