|  |
| --- |
| **Permit #** |
| *EH Office Use Only* |
| **WW** |

|  |
| --- |
| Payment Received |
| Date Received: |  |
| Received By: |  |
| Payment #: |  |
| Payment Amount: |  |
|  |



*EH Office Use Only*

**Water Well Application / Permit**

**Environmental Health Division**

Ukiah Office: 860 N Bush St. Ukiah, CA 95482 Phone: (707) 234-6625

Fort Bragg Office: 120 W Fir St. Fort Bragg, CA 95437 Phone: (707) 961-2714

|  |
| --- |
| Well Seal Notice |
| Date & Time Rec’d: |  |
| Seal Date & Time: |  |
| Call Back Number: |  |
| Action: |  |
| **Permit** |

|  |
| --- |
| **Application *(submit 2 copies)*** |
|  |  |
|  |  |
| **Site Address:** |  |
|  |  |
|  |  |
| **APN:** |  - -  |
|  |
| **Owner Name:** |  |
|  |
| **Mailing Address:** |  |
|  |
| **Telephone #:** |  |
|  |
|  |  **TYPE OF PERMIT** |  |
|  | **[ ]**  | Regular | [ ]  | Destruction |  |
|  | **[ ]**  | Special Permit Area | [ ]  | Repair |  |
|  |  |  |
|  |
| **CONSTRUCTION** |  |
|  Casing: | [ ]  | Steel | [ ]  | Concrete | [ ]  | Plastic |
|  |
|  Diameter: |  | Bore Size: |   |
|    Gauge or Wall:  |  |
|  |
| **Annular Space:** | Size: |  | Seal Depth: |  |
|  |
| **Well Use Type:** | [ ]  | Domestic | [ ]  | Community/Industrial |
|  |
| **Seal Material:** | [ ]  | Concrete | [ ]  | Sand Cement |
|  | [ ]  | Bentonite | [ ]  | Neat Cement |
|  | [ ]  | Other (describe): |   |
|  |
| **The following items are required to be submitted with this application:** |
|  |
| 1.  | **Vicinity Map and Directions** to the site i.e., mile post markers, cross-streets, lock combinations, or any other unique landmarks which help the inspector to locate and access the property. Site address must be posted at driveway entrance. |
| 2.  | **Plot Plan** clearly showing the location of the proposed well on the parcel, demonstrating that required setbacks to sewer, septic systems and expansion leach fields are maintained. |
| 3. | **Coastal Zone Permit** for sites which fall within the coastal zone; you must obtain this permit from Planning, prior to well permit being issued. |
| 4. | **Name of Public Water Supplier** (if proposed well is within their service area):  |

|  |
| --- |
| **Permit Agreement:**I agree to use **Best Management Practices** to prevent storm water pollution.I agree to comply with all of the regulations of the Mendocino County Well Ordinance (County Code Chapter 16.04) and the State of California as they pertain to water well construction and destruction. I further understand that the application **filing fee** is set by resolution of the Board of Supervisors and that ***no part of the filing fee*** shall be refundable **(Mendocino County Well Ordinance §16.04.040 & Mendocino County Ordinance 1135, adopted 1973)**.**I will request a well seal inspection from Environmental Health no less than 24 hours prior to pouring the annular seal.**This permit expires 1 year from date of issuance if the authorized work has not been completed ***(Mendocino County Code Section 16.04.090)*** ***‘Wet’ Signature required; faxed or photocopies will not be accepted.*** |
| Well Driller (Business Name): |  |
|  |
| License Number: |  | Phone #: |  |
|  |
| Mailing Address: |  |
|  |
| Driller Signature: |  | Date: |  |
|  |
| ***Inspector Notes: Coastal Zone: Y / N*** |
|  ***MS 4 Zone : Y / N*** |
|  |
|  |
|  |
|  |
| Health Inspector: |  | Date: |  |
|  |
| Well Seal Inspection By: |  | Date: |  |
|    |