



ENVIRONMENTAL HEALTH

Drinking Water Program



5050 Commerce Drive, Baldwin Park, CA 91706

Telephone: (626) 430-5420 • Facsimile: (626) 813-3013 • Email: waterquality@ph.lacounty.gov
http://publichealth.lacounty.gov/eh/ep/dw/dw_main.htm

Well Permit Application

WORK SITE ADDRESS	CITY	ZIP	NUMBER OF WELLS	START DATE
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OWNER		EMAIL		
ADDRESS	CITY	ZIP	TELEPHONE	

DRILLER	PROJECT CONTACT	C-57 LICENSE NUMBER
ADDRESS	CITY	ZIP
EMAIL	TELEPHONE	MOBILE

CONSULTANT	PROJECT CONTACT	PROJECT MANAGER
ADDRESS	CITY	ZIP
EMAIL	TELEPHONE	MOBILE

ATTACH ALL SUPPORTING DOCUMENTS, INCLUDING:

- written narrative describing work plan details
- vertical well diagram detailing depths, sizes, thicknesses, and materials of: (1) the casing, (2) the annular (sanitary) seal, (3) the screens/slotting, and (4) any pertinent geological features
- scaled drawing of roads, property lines, private sewage disposal systems, surface water features, blue line streams, and other possible sources of contamination within 200 feet of the well site

FOR WELL DECOMMISSION: well construction logs, the method of assessment, type and amount of sealant, and the method of upper seal pressure application (including PSI and time applied)

PRODUCTION WELLS	
<input type="checkbox"/> PUBLIC (MUNICIPAL UTILITY)	<input type="checkbox"/> PRIVATE RESIDENCE
<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> CATHODIC PROTECTION
<input type="checkbox"/> GEOTHERMAL HEAT EXCHANGE	
<input type="checkbox"/> OTHER	
NAME OF C-57 LICENSEE	
SIGNATURE	

NON-PRODUCTION WELLS	
<input type="checkbox"/> MONITORING	<input type="checkbox"/> PIEZOMETER
<input type="checkbox"/> INJECTION	<input type="checkbox"/> WATER EXTRACTION
<input type="checkbox"/> AIR SPARGE	<input type="checkbox"/> TEST HOLE (PRE-PRODUCTION)
<input type="checkbox"/> HYDROPUNCH	<input type="checkbox"/> CONE PENETROMETER (CPT)
<input type="checkbox"/> SOIL BORING INTO GROUNDWATER	
NAME OF APPLICANT	
SIGNATURE	

BY SIGNING ABOVE, I HEREBY AGREE TO COMPLY IN EVERY RESPECT WITH ALL THE REGULATIONS, ORDINANCES, AND LAWS OF THE STATE OF CALIFORNIA, THE COUNTY OF LOS ANGELES, THE DEPARTMENT OF PUBLIC HEALTH, AND THE ENVIRONMENTAL HEALTH DRINKING WATER PROGRAM.



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Well Permit Approval

TO BE COMPLETED BY APPLICANT:

WORK SITE ADDRESS	CITY	ZIP	EMAIL ADDRESS FOR WELL PERMIT APPROVAL
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NOTICE:

- WORK PLAN APPROVALS ARE VALID FOR 180 DAYS. 30 DAY EXTENSIONS OF WORK PLAN APPROVALS ARE CONSIDERED ON AN INDIVIDUAL (CASE-BY-CASE) BASIS AND MAY BE SUBJECT TO ADDITIONAL PLAN REVIEW FEES (HOURLY RATE AS APPLICABLE).
- WORK PLAN MODIFICATIONS MAY BE REQUIRED IF WELL AND GEOLOGIC CONDITIONS ENCOUNTERED AT THE SITE INSPECTION ARE FOUND TO DIFFER FROM THE SCOPE OF WORK PRESENTED TO THE DEPARTMENT OF PUBLIC HEALTH—DRINKING WATER PROGRAM.
- THIS WELL PERMIT APPROVAL IS LIMITED TO COMPLIANCE WITH THE CALIFORNIA WELL STANDARDS AND THE LOS ANGELES COUNTY CODE AND DOES NOT GRANT ANY RIGHTS TO CONSTRUCT, RENOVATE, OR DECOMMISSION ANY WELL. THE APPLICANT IS RESPONSIBLE FOR SECURING ALL OTHER NECESSARY PERMITS SUCH AS WATER RIGHTS, PROPERTY RIGHTS, COASTAL COMMISSION APPROVALS, USE COVENANTS, ENCROACHMENT PERMISSIONS, UTILITY LINE SETBACKS, CITY/COUNTY PUBLIC WORKS RIGHTS OF WAY, ETC.
- ALL FIELD WORK MUST BE CONDUCTED UNDER THE DIRECT SUPERVISION OF A PROFESSIONAL GEOLOGIST LICENSED IN THE STATE OF CALIFORNIA.
- THIS PERMIT IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING REQUIREMENTS ARE SIGNED BY THE DEPUTY HEALTH OFFICER. WORK SHALL NOT BE INITIATED WITHOUT A WORK PLAN APPROVAL STAMPED BY THE DEPARTMENT OF PUBLIC HEALTH—DRINKING WATER PROGRAM.
- **NOTIFY THE DRINKING WATER PROGRAM BY EMAIL 3 BUSINESS DAYS BEFORE WORK IS SCHEDULED TO BEGIN.**

TO BE COMPLETED BY DEPARTMENT OF PUBLIC HEALTH—DRINKING WATER PROGRAM:

<input type="checkbox"/> WORK PLAN INCOMPLETE; SUBMIT THE FOLLOWING:	<input type="checkbox"/> WORK PLAN APPROVED Los Angeles County Drinking Water stamp	DATE:
		ADDITIONAL APPROVAL CONDITIONS:

ANNULAR SEAL FINAL INSPECTION REQUIRED

WELL COMPLETION LOG REQUIRED

DATE ACCEPTED: _____	REHS signature _____	DATE ACCEPTED: _____	REHS signature _____
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WATER QUALITY—BACTERIOLOGICAL STANDARDS REQUIRED

WATER QUALITY—CHEMICAL STANDARDS REQUIRED

DATE ACCEPTED: _____	REHS signature _____	DATE ACCEPTED: _____	REHS signature _____
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WATER SUPPLY YIELD REQUIRED

OTHER REQUIREMENT

DATE ACCEPTED: _____	REHS signature _____	DATE ACCEPTED: _____	REHS signature _____
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