

# **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

#### APPLICATION FOR WELL PERMIT

SERVICE		FEE		QTY	TOTALS
PRODUCTION WELLS					
$\square$ residential drinking water, $\square$ public/municipal, $\square$ irrigation, $\square$ cathodic					
□ Construction	\$	844.00	×	= \$	
□ Decommission □ Renovation	\$	1103.00	×	= \$	
NON-PRODUCTION WELLS □ Construction, □ Decommission					
$\hfill\Box$ monitoring, $\hfill\Box$ piezo, $\hfill\Box$ injection, $\hfill\Box$ water extraction, $\hfill\Box$ sparge, $\hfill\Box$ test					
each well, first 24 wells	\$	519.00	×	= \$	
each additional well starting with the 25 <sup>th</sup>	\$	130.00	×	= \$	
CPT/HYDROPUNCH/SOIL BORINGS INTO GROUNDWATER (contact the Drinking Water Program for projects of 25 borings or more)	\$	130.00	×	= \$	
GEOTHERMAL HEAT EXCHANGE WELLS	\$	519.00	×	= \$	
WELL SITE PLAN REVIEW	\$	584.00	×	= \$	
WATER SUPPLY YIELD EVALUATION commercial facility	\$	1038.00	×	= \$	
WATER SUPPLY YIELD EVALUATION residential (1-4 service connections)	\$	844.00	×	= \$	
WATER SUPPLY YIELD EVALUATION Public Water Systems (5 or more service connections)	\$	519.00	×	= \$	
WATER TREATMENT SYSTEM EVALUATION	\$	519.00	×	= \$	
WATER SAMPLING commercial food service facility for USDA certification	\$	714.00	×	= \$	
Applications are nontransferable. Field Personnel cannot accept payments. DO NOT SEND CASH.  Make checks or money orders payable to:					

#### ELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Allow 10 business days for work plan review and response. Cancellations of service requests are subject to a \$65.00 processing fee plus additional plan review fees (hourly rate as applicable).

WORK SITE ADDRESS	CITY	ZIP	CROSS STREET/PARCEL#	DATE
All application status inquiries should	d be emailed to wa	aterquality@ph	lacounty.gov with the work site address.	ess above.
CONTACT OFFICE			DEPARTMENT STAMP	

CONTACT OFFICE		DEPARTMENT STAMP		
	DATE:	CHECK #		
SITE/PERMIT# INSPECTOR:	RECEIPT#	AMOUNT: \$		

Revised: October 2012



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# **Well Permit Application**

WORK SITE ADDRESS	CITY		ZIP	NUMBER OF WELLS	START DATE		
OWNER			EMAIL				
<u> </u>			LIVIALE				
ADDRESS	CITY		ZIP		TELEPHONE		
DRILLER		PROJECT CON	NTACT	C-57 LICENSE NUMBER			
				0 0 101010101011			
ADDRESS		CITY		ZIP			
EMAIL		TELEPHONE		MOBILE			
CONSULTANT		PROJECT CON	NTACT	PROJECT MANAGER			
ADDRESS		CITY		ZIP			
EMAIL		TELEPHONE		MOBILE			
LIVAL		TELEFTIONE	TELEPHONE		MOBILE		
ATTACH ALL SUPPORTING DOCUMENTS, INCI	LIDING:	I					
□ written narrative describing work plan							
· ·							
□ 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					nular (sanitary)		
□ 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 $\square$ the method of upper seal pressure application (including PSI and time applied)							
PRODUCTION WELLS			NON-PRODUCTION WELLS				
☐ PUBLIC (MUNICIPAL UTILITY) ☐ PRIVATE RE	SIDENCE		RING	☐ PIEZOMETER			
☐ IRRIGATION ☐ CATHODIC P	ROTECTION		DN	☐ WATER EXTRA	CTION		
☐ GEOTHERMAL HEAT EXCHANGE		☐ AIR SPAF	☐ AIR SPARGE ☐ TEST HOLE (PRE-P		E-PRODUCTION)		
OTHER		☐ HYDROPUNCH ☐ CONE PENETROMETER (CPT)			OMETER (CPT)		
			☐ SOIL BORING INTO GROUNDWATER				
NAME OF C-57 LICENSEE		NAME OF A	NAME OF APPLICANT				
		01011177177					
SIGNATURE		SIGNATURE	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.

Revised: October 2012



WORK SITE ADDRESS

# **ENVIRONMENTAL HEALTH**



EMAIL ADDRESS FOR WELL PERMIT APPROVAL

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# **Well Permit Approval**

TO BE COMPLETED BY APPLICANT:

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.					
то ве с	OMPLETED BY DEPARTMENT OF I	PUBLIC HEALTH—DRINKIN	G WATER PROGRAM:		
☐ WORK PLAN INCOMPLETE;	☐ WORK PLAN APPROVE		DATE:		
SUBMIT THE FOLLOWING:	Los Angeles County Drinking Water		ADDITIONAL APPROVAL CONDITIONS:		
□ ANNULAR SEAL FINAL INSPECTION REQUIRED  DATE ACCEPTED: REHS signature		DATE ACCEPTED:	REHS signature		
DATE ACCEPTED. REHS SIG	griature	DATE ACCEPTED:	KENO SIGNALUIE		
☐ WATER QUALITY—BACTERIOLOGICAL STANDARDS REQUIRED  DATE ACCEPTED: REHS signature		☐ WATER QUALITY— DATE ACCEPTED:	CHEMICAL STANDARDS REQUIRED REHS signature		
☐ WATER SUPPLY YIELD REQUIRED		☐ OTHER REQUIREM	ENT		
DATE ACCEPTED: REHS sig	nature	DATE ACCEPTED:	REHS signature		

Revised: October 2012