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 Construction Residential Drinking Water, Municipal, Irrigation, Cathodic Protection	$ 844.00	×		= $
PRODUCTION WELLS Decommission, Renovation Residential Drinking Water, Municipal, Irrigation, Cathodic Protection	$ 1103.00	×		= $
NON-PRODUCTION WELLS Construction, Renovation, Decommission Monitoring Wells, Piezometers, Water Injection, Water Extraction ***each well, first 24 wells***	$ 519.00	×		= $
NON-PRODUCTION WELLS Construction, Renovation, Decommission Monitoring Wells, Piezometers, Water Injection, Water Extraction ***each additional well starting with the 25th***	$ 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:

LOS ANGELES 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 | DATE

CONTRACTOR | ADDRESS | CITY | ZIP | EMAIL | PHONE

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

Revised: September 2011

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Plan Check and Annual Permit Fees Schedule

PERMIT	FEE
NEW SYSTEM WATER SUPPLY PERMIT Plan Check: Community Water Systems	$ 1298.00
NEW SYSTEM WATER SUPPLY PERMIT Plan Check: Non-Community, State and Local Small Water Systems	$ 1038.00
ANNUAL WATER SUPPLY PERMIT Community Water Systems: 100-199 Service Connections	$ 1363.00
ANNUAL WATER SUPPLY PERMIT Community Water Systems: 25-99 Service Connections	$ 1233.00
ANNUAL WATER SUPPLY PERMIT Community Water Systems: 15-24 Service Connections	$ 1102.00
ANNUAL WATER SUPPLY PERMIT Non-Community Water Systems: Non-Transient Populations	$ 844.00
ANNUAL WATER SUPPLY PERMIT Non-Community Water Systems: Transient Populations	$ 844.00
ANNUAL WATER SUPPLY PERMIT State Small Water Systems: 5-14 Service Connections	$ 844.00
ANNUAL WATER SUPPLY PERMIT Local Small Water Systems: 1-4 Service Connections	$ 714.00
CITATION Public Water Systems	$ 649.00
CITATION Local and State Small Water Systems	$ 519.00
ADMINISTRATIVE HEARING	$ 324.00
NOTICE OF VIOLATION AND ORDER	$ 260.00
TOTAL	$

Applications are nontransferable. Field Personnel cannot accept payments. DO NOT SEND CASH.
Make checks or money orders payable to:

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Allow **90 business days** for permit review and response. Cancellations of service requests are subject to a $65.00 processing fee plus additional plan review fees (hourly rate as applicable).

WATER SYSTEM ADDRESS | CITY | ZIP | FACILITY MANAGER | PHONE

MAILING ADDRESS | CITY | ZIP | ADMINISTRATIVE CONTACT | PHONE

CONTACT OFFICE	DEPARTMENT STAMP
	DATE: CHECK #
	RECEIPT # AMOUNT: $
SYSTEM ID # 190 INSPECTOR:	

Revised: September 2011

LOS ANGELES COUNTY WELL PERMIT APPLICATION - PRODUCTION WELLS

DRINKING WATER PROGRAM - ENVIRONMENTAL HEALTH DIV. DATE _____

5050 COMMERCE DRIVE, BALDWIN PARK, CA 91706 TELE (626) 430-5420 FAX (626) 813-3013

☐ NEW WELL CONSTRUCTION ☐ RECONSTRUCTION OR RENOVATION ☐ DECOMMISSIONING ☐ OTHER: _____

☐ PRIVATE DOMESTIC ☐ PRIVATE IRRIGATION ☐ OTHER: _____

WELL LOCATION

Site Address | City | Zip Code

Town ship | Range | Section | Map Book Page/Grid

GPS location: (To be completed after the final seal)

WELL STRUCTURE

Type and Size of Production Casing | Sanitary / Annular Sealing Material

Depth of Sanitary / Annular Seal | Conductor Casing Seal

OWNER INFORMATION

Owner's Name | Telephone Number

Address | City | Zip Code

DRILLER INFORMATION

Driller's Name | Telephone Number | C-57 License Number

Address | City | Zip Code

WELL DECOMMISSIONING INFORMATION

Well Depth ☐ log/records | Method of Well Assessment | Depth and Number of Perforations

Type and Amount of Sealant | Type of Perforator | Size of Perforations | Method of Upper Seal Pressure Application

CONSULTANT INFORMATION

Company

Address | City | State | Zip Code

Project Manager | Telephone Number

ATTENTION: 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 THIS DEPARTMENT.

I hereby agree to comply in every respect with all the regulations of the County Environmental Health Division and with all ordinances and laws of the County of Los Angeles and the State of California pertaining to well construction, reconstruction, and decommissioning. Upon completion of the well and within thirty days thereafter, I will furnish the Environmental Health office with a completion log of the well, giving date drilled, depth of the well, perforations in the casing, and any other data deemed necessary by the County Environmental Health Division.

Signature of C-57 Licensee: _____ Printed Name: _____

THIS PERMIT IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING REQUIREMENTS ARE SIGNED OFF BY THE DEPUTY HEALTH OFFICER. WELL CONSTRUCTION OR DECOMMISSIONING CANNOT BE INITIATED WITHOUT A WORK PLAN APPROVAL FROM THIS DEPARTMENT.

**********(DEPARTMENT USE ONLY)**********

WORK PLAN APPROVAL This Approval is Valid for 180 Days	FINAL INSPECTION The placement of the annular seal must be witnessed by a Deputy Health Officer for the permit to be valid. Contact this Department to arrange for an appointment
REHS DATE	REHS DATE
Conditions:	WATER QUALITY The completed water well must be properly disinfected and meet required bacteriological and inorganic chemical standards prior to approval
	REHS DATE
	PERMIT ISSUED Well completion log must be received by this Department prior to issuance of final approval
	REHS DATE

LOS ANGELES COUNTY WELL PERMIT APPLICATION - PRODUCTION WELLS

Well Location (Include distances from road and major cross streets)	
Projected Start Date	Projected End Date

WELL LOCATION DIAGRAM At site inspection, the well location must be staked and clearly marked with the owner's name	**WELL CONSTRUCTION AND DECOMMISSION DIAGRAM**
NORTH ▲ WELL LOCATION ●	
Provide a scaled drawing (1 inch = 50 feet) with labels and dimensions, indicating property lines, private sewage disposal systems and other possible sources of contamination within 200 feet of the well site. Attach all supporting documents.	

WORK PLAN DETAILS (Construction or Decommissioning)

NOTES/COMMENTS (Department Use Only)