



Drinking Water Program

5050 Commerce Drive, Baldwin Park, CA 91706
Telephone: (626) 430-5420 • Facsimile: (626) 813-3016
http://publichealth.lacounty.gov/eh/ep/dw/dw_main.htm



APPLICATION FOR WELL PERMIT

| | | | | |
|-------------------|------|-----|-----------------|------------|
| WORK SITE ADDRESS | CITY | ZIP | NUMBER OF WELLS | START DATE |
|-------------------|------|-----|-----------------|------------|

| | | | | |
|--------------|------|-------|-----------|--|
| OWNER | | EMAIL | | |
| ADDRESS | CITY | ZIP | TELEPHONE | |

| | | |
|----------------|---------------------|---------------------|
| DRILLER | C-57 LICENSE HOLDER | 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 | <input type="checkbox"/> SVE |
| 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 |
|-------------------|------|-----|--|

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 | DATE: |
| | Los Angeles County Drinking Water Stamp | ADDITIONAL APPROVAL CONDITIONS: |

ANNULAR SEAL FINAL INSPECTION REQUIRED

WELL COMPLETION LOG REQUIRED

| | |
|--------------------------------|--------------------------------|
| DATE ACCEPTED: REHS signature: | DATE ACCEPTED: REHS signature: |
|--------------------------------|--------------------------------|

WATER QUALITY—BACTERIOLOGICAL STANDARDS REQUIRED

WATER QUALITY—CHEMICAL STANDARDS REQUIRED

| | |
|--------------------------------|--------------------------------|
| DATE ACCEPTED: REHS signature: | DATE ACCEPTED: REHS signature: |
|--------------------------------|--------------------------------|

WATER SUPPLY YIELD REQUIRED

OTHER REQUIRED

| | |
|--------------------------------|--------------------------------|
| DATE ACCEPTED: REHS signature: | DATE ACCEPTED: REHS signature: |
|--------------------------------|--------------------------------|



ENVIRONMENTAL HEALTH

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Application submission process:

Completed and signed Application for Well Permit, corresponding Fees and scope of work can be mailed or hand-carried to Environmental Health Headquarters (Attention: Drinking Water Program) at 5050 Commerce Drive, Baldwin Park, 91706. Do not send cash. Make check or money orders payable to Los Angeles County Department of Public Health.

If you wish to pay at one of our satellite offices located at 26415 Carl Boyer Dr., Santa Clarita, CA 91350; or 335-A East Avenue K-6, Lancaster, 93536, please contact the Drinking Water Program at 626-430-5420 to e-mail a copy of your application for processing prior of going to make a payment. Please note that Application for Well Permit with associated documentation must be mailed to Environmental Health Headquarters (Attention: Drinking Water Program) at 5050 Commerce Drive, Baldwin Park, 91706 for further processing.

Application for Well Permit are nontransferable. Cancellations of service requests are subject to a \$65.00 processing fee plus additional plan review fees (hourly rate as applicable).