APPLICATION FOR WELL CONSTRUCTION PERMIT

ORANGE COUNTY HEALTH CARE AGENCY
ENVIRONMENTAL HEALTH DIVISION
1241 E. DYER ROAD, SUITE 120
SANTA ANA, CA 92705-4720
(714) 433-6000
FAX: (714) 433-6481

WELL PERMIT NUMBER

CITY | DATE

WELL LOCATION (ADDRESS IF AVAILABLE)

NAME OF WELL OWNER

ADDRESS

CITY | ZIP | TELEPHONE

NAME OF CONSULTING FIRM

BUSINESS ADDRESS

CITY | ZIP | TELEPHONE

NAME OF DRILLING CO. | C-57 LICENSE NO.

CITY | ZIP | TELEPHONE

TYPE OF WELL *(CHECK)*

- PRIVATE DOMESTIC ☐
- PUBLIC DOMESTIC ☐
- IRRIGATION ☐
- CATHODIC ☐
- PROBE SURVEY ☐
- MONITORING ☐
- SOIL BORING ☐
- OTHER_____ ☐
- TOTAL NUMBER _____

A. WELLS – SUBMIT A WELL CONSTRUCTION DIAGRAM (INCLUDE DIMENSIONS)

B. SOIL BORINGS AND PROBES –
TOTAL DEPTH _____
SEALING MATERIAL _____

C. PROPOSED START DATE _____

DIAGRAM OF WELL SITE *(Use additional sheets and/or attachments)*

☐ SITE PLAN ATTACHED

I hereby agree to comply in every respect with all requirements of the Health Care Agency and with all ordinances and laws of the County of Orange and of the State of California pertaining to well construction, reconstruction and destruction, including the requirements to maintain the integrity of all significant confining zones.

APPLICANT'S SIGNATURE | DATE

PRINT NAME

PHONE NUMBER | FAX NUMBER

FOR ACCOUNTING USE ONLY:

HSO NO. _____ CHECK NO. _____

DATE _____ AMOUNT _____

INTL. _____

APPROVAL BY OTHER AGENCIES:

JURISDICTION _____

REMARKS _____

AUTHORIZED SIGNATURE | DATE

DISPOSITION OF PERMIT (DO NOT FILL IN):

☐ **APPROVED** SUBJECT TO THE FOLLOWING CONDITIONS:

A. NOTIFY THIS AGENCY AT LEAST **48 HOURS**

- ☐ PRIOR TO START.
- ☐ PRIOR TO SEALING THE ANNULAR SPACE OR FILLING OF THE CONDUCTOR CASING.

B. ☐ SUBMIT TO THE AGENCY WITHIN 30 DAYS AFTER COMPLETION OF WORK, A WELL COMPLETION REPORT AND/OR DRILLING LOGS. PLEASE REFERENCE PERMIT NO.

C. ☐ SECURE ALL MONITORING WELLS TO PREVENT TAMPERING.

D. ☐ OTHER _____

☐ **DENIED** _____

PERMIT ISSUED BY | DATE

PRINT NAME | PHONE NUMBER

WHEN SIGNED BY ORANGE COUNTY HEALTH CARE AGENCY REPRESENTATIVE, THIS APPLICATION IS A PERMIT.