APPLICATION FOR WELL DESTRUCTION 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 | NAME OF CONSULTING FIRM

ADDRESS | BUSINESS ADDRESS

CITY ZIP TELEPHONE | CITY ZIP TELEPHONE

NAME OF DRILLING CO. | C-57 LICENSE NUMBER

CITY ZIP TELEPHONE

WELL DEPTH _____ Feet

DIAMETER _____ Inches

TYPE OF WELL/TOTAL NUMBER_____
☐ WATER
☐ CATHODIC
☐ MONITORING
☐ OTHER

SEALING MATERIAL / ESTIMATE AMOUNT OF SEALING MATERIAL NEEDED | PROPOSED START DATE

METHOD OF DESTRUCTION

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.

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.

B. ☐ SUBMIT TO THE AGENCY A WELL DESTRUCTION REPORT. PLEASE REFERENCE PERMIT NUMBER.

C. ☐ OTHER _____

☐ **DENIED** _____

PERMIT ISSUED BY DATE

PRINT NAME PHONE NUMBER

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