

**GLENN COUNTY HEALTH DEPARTMENT
WILLOWS, CALIFORNIA 95988
WELL CONSTRUCTION/DESTRUCTION PERMIT APPLICATION**

257 North Villa Ave.
Willows, CA 95988

530-934-6102
FAX: 530-934-6103

Owner's Name _____ Assessor's Parcel No. _____

Mailing Address _____ Zip _____ Phone _____

Agent's Name _____ Phone _____ Permit No. _____

Driller's Name _____ Phone _____ Lic. No. _____

Location of Property _____

Application for: Construction [] Repair [] Destruction [] of water well

Intended Use of Well:

Domestic Water Supply []

Industrial Water Supply []

Agricultural Well []

Monitoring Well []

Public Water Supply []

Construction Details:

Depth _____

Diameter _____

Depth of Seal _____

Gravel Pack Yes / No

Casing Material _____

Sealing Material _____

Distance from Well to:

Septic Tank or Sewer _____

Leachfield _____

Confined Animal Facility _____

Plot Plan:

Be Sure To Indicate Northerly Direction

Scale _____

I agree to obtain an inspection of the well prior to placing the annular seal.

Date _____ Signature _____

DO NOT FILL IN BELOW THIS LINE

Remarks: _____

Date _____ Permit Approval: _____

Glenn County Health Department

Date _____ Final Approval: _____

Glenn County Health Department