



Glenn County Environmental Health Department

247 N. Villa Avenue, Willows, CA 95988
Tel: 530-934-6102 Fax: 530-934-6103

Well Permit Application

Well Permit #

Applicant Information:	
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Owners Name: _____ Phone #: _____

Mailing Address: _____ Fax #: _____

Email Address: _____

Well Contractor: _____ Phone #: _____

Well Contractor Email: _____ Fax #: _____

Well Contractor CA C-57 License # _____

Property & Well Location:

Assessor's Parcel Number: _____ Long. /Lat. Source: _____

Well Longitude: _____ Well Latitude: _____

Property Address/Location: _____

(Provide Nearest Cross Road)

Type of Work:	New Well <input type="checkbox"/> Replacement Well <input type="checkbox"/> Repair/Deepen <input type="checkbox"/> Test Hole <input type="checkbox"/> Destruction <input type="checkbox"/>
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Well Type:	Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Monitoring <input type="checkbox"/> Public <input type="checkbox"/> Soil Boring <input type="checkbox"/> # () Cathodic Protection <input type="checkbox"/> Other <input type="checkbox"/> _____
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Distance From Well:	Septic Tank (ft.): _____ Dispersal Field (ft.): _____ Animal Enclosure (ft.): _____
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Total Number of Wells on Property:	Active: _____ Inactive: _____ Abandoned: _____
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Construction Detail Proposed:	Construction Detail Actual:
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Well Depth (ft.): _____ Conductor Material: _____ Borehole Dia. (in): _____ Conductor Dia. (in): _____ Casing Depth (ft.): _____ Conductor Depth (ft.): _____ Casing Dia. (in): _____ Seal Depth (ft.): _____ Casing Material: _____ Gravel Pack: Yes <input type="checkbox"/> No <input type="checkbox"/> Casing Gauge: _____	Well Depth (ft.): _____ Conductor Material: _____ Borehole Dia. (in): _____ Conductor Dia. (in): _____ Casing Depth (ft.): _____ Conductor Depth (ft.): _____ Casing Dia. (in): _____ Seal Depth (ft.): _____ Casing Material: _____ Gravel Pack: Yes <input type="checkbox"/> No <input type="checkbox"/> Casing Gauge: _____
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Destruction Detail:	Well Depth (ft.): _____ Well Diameter (in): _____ Seal Depth (ft.): _____
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Sealing Material:	Neat Cement <input type="checkbox"/> 10.3 Sack, Sand Cement <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite: Type: _____ Product Name: _____
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Well Meter
Required:

Yes No If No, Explain Reason: _____

Plot Plan Requirements

Submit plot plan on a separate 8 ½ inch by 11-14 inch piece of paper. Indicate all distances in feet. Provide the names of streets or roads nearest to the property. Provide dimensions of the property, water surface features and all existing and proposed structures. Provide locations of animal enclosures, existing and proposed onsite wastewater treatment systems, including expansion and repair areas, within 300 feet of the new well. Provide locations of all other wells within 300 feet of the new well. Location information shall include all adjacent parcels, if within the setbacks.

A labelled satellite image or aerial photo (ex. Google earth) may be submitted in place of a plot plan drawing and would be preferred.

Permit Application Conditions of Approval/Notes (Official Use Only)

Agreement and Signature of Owner and Well Contractor:

I certify that I have read this application and the information described herein is correct. I agree to comply with all State and County laws, standards, ordinances, regulations and conditions related to this well, and hereby agree to obtain all required inspections of this well. I agree to contact the Environmental Health Department at least one (1) business day prior to the desired inspection time(s). I agree to submit a "Well Completion Report" and "E-Log" (if required) to the Environmental Health Department. "Well Completion Reports" shall be submitted to the Environmental Health Department within sixty (60) days of well seal completion.

I understand that meters will be required on all new, replacement, repaired and deepened wells which have a casing larger than six (6) inches. Meters shall meet current applicable industry standards and be installed per the manufacturer's specifications. I understand that this well may become subject to further requirements and restrictions in order to meet groundwater management and sustainability goals. I certify that I will work cooperatively with County Officials and Authorized Groundwater Sustainability Agency Staff in order to implement groundwater management and sustainability goals.

I understand every permit expires one (1) year after issuance. I further understand that if the well cannot be completed within one (1) year I may apply for an additional one (1) year extension, before the permit expires and with Environmental Health Department approval.

Signature of Owner

Date

Signature of Well Contractor

Date

Official Use Only

Date: _____ Approved to Drill Test Hole: _____
REHS Signature

Date: _____ E-Log Received: _____
REHS Signature

Date: _____ Approved to Drill Well: _____
REHS Signature

Date: _____ Conductor Seal Approval: _____
REHS Signature

Date: _____ Annular Seal Approval: _____
REHS Signature

Date: _____ Well Log Received: _____
REHS Signature

Date: _____ Final Approval: _____
REHS Signature

Date: _____ Fee Paid: _____ Receipt #: _____ Rec'd by: _____