



# Glenn County Environmental Health Department

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

## Well Construction/Destruction Permit Application

*A plot plan shall be submitted on a separate 8 1/2" x 11" Sheet of paper.*

### Applicant Information

Well Permit # \_\_\_\_\_

Owners Name: \_\_\_\_\_ APN: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Well Contractor\*: \_\_\_\_\_ License #: \_\_\_\_\_  
 \*Well contractor must be C-57 licensed. Phone #: \_\_\_\_\_  
 Contractor's Email: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Property Location: \_\_\_\_\_  
 (Please provide nearest cross road)

TYPE OF WORK: Construction  Repair  Destruction

### Well Type:

- Domestic Water Supply
- Industrial Water Supply
- Agricultural Well
- Monitoring Well
- Public Water Supply
- Soil Boring
- Other

### Construction Details:

<u>Proposed:</u>	<u>Actual:</u>
Depth: _____	Depth: _____
Casing Diameter: _____	Casing Diameter: _____
Seal Depth: _____	Seal Depth: _____
<i>Seal shall extend at least 5 feet into or through a clay layer.</i>	

### Distance From Well to:

Septic Tank (ft.): \_\_\_\_\_  
 Leachfield (ft.): \_\_\_\_\_  
 Confined Animal Facility (ft.): \_\_\_\_\_

Gravel Pack Yes  No  Casing Material: \_\_\_\_\_ Sealing Material: \_\_\_\_\_

### Signature of Owner or Contractor

*I certify that I have read this application and the above information is correct. I agree to comply with all laws relating to this construction, and hereby agree to obtain all required inspections of the well. I agree to provide this department with a minimum of 48 hours prior notification before desired inspection time(s). Every permit expires one year after issuance. If the permittee cannot complete the work within one year, and applies for an extension before the permit expires, the health officer may extend the permit for one additional year.*

\_\_\_\_\_  
Signature of Owner or Contractor

\_\_\_\_\_  
Date

### Conditions of Approval

Date: \_\_\_\_\_ Permit Approval: \_\_\_\_\_  
Glenn County Environmental Health Department

Date: \_\_\_\_\_ Final Approval: \_\_\_\_\_  
Glenn County Environmental Health Department

Rec'd by: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Paid: \_\_\_\_\_ Date: \_\_\_\_\_