

GLENN COUNTY

Planning & Community Development Services Agency Environmental Health Department



225 N Tehama St.
Willows, CA 95988
Tel: 530.934.6102 Fax: 530.934.6103
www.countyofglenn.net

MARDY THOMAS, DIRECTOR

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"/> # ()
	Catholic Protection <input type="checkbox"/>	Other <input type="checkbox"/> _____				

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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Borehole Depth (ft): _____	Borehole Depth (ft): _____
Conductor Material: _____	Conductor Material: _____
Borehole Dia. (in): _____	Borehole Dia. (in): _____
Conductor Dia. (in): _____	Conductor Dia. (in): _____
Casing Depth (ft): _____	Casing Depth (ft): _____
Conductor Depth (ft): _____	Conductor Depth (ft): _____
Casing Dia. (in): _____	Casing Dia. (in): _____
Seal Depth (ft): _____	Seal Depth (ft): _____
Casing Material: _____	Casing Material: _____
Gravel Pack: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gravel Pack: Yes <input type="checkbox"/> No <input type="checkbox"/>
Casing Gauge: _____	Casing Gauge: _____

Destruction Detail:	Well Depth (ft): _____ Well Diameter (in): _____ Seal Depth (ft): _____
Sealing Material:	Neat Cement <input type="checkbox"/> 10.3 Sack, Sand Cement <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite: Type: _____ Product Name: _____
Well Meter Required:	Yes <input type="checkbox"/> No <input type="checkbox"/> 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/Destroy Well: _____
REHS Signature

Date: _____ Conductor Seal Approval: _____
REHS Signature

Date: _____ Annular/Destruction Seal Approval: _____
REHS Signature

Date: _____ Well Log Received: _____
REHS Signature

Date: _____ Final Approval: _____
REHS Signature

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