



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
ENVIRONMENTAL HEALTH SERVICES DIVISION**

2156 SIERRA WAY, STE. B/PO BOX 1489, SAN LUIS OBISPO, CA 93401  
PHONE: (805)781-5544 FAX: (805)781-4211  
EMAIL: EHS@CO.SLO.CA.US

**OFFICE USE**

Permit No. \_\_\_\_\_  
 Submittal Complete   
 Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 By \_\_\_\_\_  
 WP No. \_\_\_\_\_

**MONITORING WELL PERMIT APPLICATION** NUMBER OF WELLS \_\_\_\_\_

**SITE INFORMATION**

Proposed Well Site Address \_\_\_\_\_ City or Area \_\_\_\_\_  
 Assessor's Parcel Number \_\_\_\_\_ Site served by a water company, agency or district?  No  Yes  
 GPS \_\_\_\_\_ N \_\_\_\_\_ W Coastal Zone? \_\_\_\_\_ Water Co. Name \_\_\_\_\_

**WELL OWNER INFORMATION**

Well Owner \_\_\_\_\_ Telephone Number \_\_\_\_\_

**PROPERTY OWNER INFORMATION**

Property Owner Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**WELL CONSULTANT INFORMATION**

Consultant Company \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Consultant Name \_\_\_\_\_ Email \_\_\_\_\_

**WELL TYPE**

**PURPOSE OF WELL**

**DRILLING METHOD**

- |  |   |  |  |   |                                     |
|--|---|--|--|---|-------------------------------------|
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Monitoring       | <input type="checkbox"/> Electric ≥ 50'                        | <input type="checkbox"/> Cathodic Protection ≥ 50' | <input type="checkbox"/> Rotary         | <input type="checkbox"/> Cable Tool |
| <input type="checkbox"/> Repair/Modify | <input type="checkbox"/> Test Well        | <input type="checkbox"/> Soil Testing ≥ 25'                    | <input type="checkbox"/> Sparging ≥ 25'            | <input type="checkbox"/> Reverse Rotary | <input type="checkbox"/> Other      |
|  | <input type="checkbox"/> Vapor Extraction | (Permit required for listed depth or encountering groundwater) |  | <input type="checkbox"/> Air Rotary     |                                     |

Proposed Depth \_\_\_\_\_ Casing Diameter \_\_\_\_\_ Annular Seal Depth \_\_\_\_\_ Seal Material \_\_\_\_\_ Proposed Length of Work \_\_\_\_\_  
 Agency requiring monitoring well implementation, and/or reason for monitoring well: \_\_\_\_\_

**WELL DRILLER INFORMATION**

Drilling Contractor Name \_\_\_\_\_ C-57 License No. \_\_\_\_\_  
 Drilling Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Fax \_\_\_\_\_ Email Address \_\_\_\_\_

I hereby agree to comply with all applicable laws and regulations of the County of San Luis Obispo and the State of California pertaining to well construction, destruction, repair or modification. Within sixty days after completion of the well, I will furnish Environmental Health Services with a well completion report and water quality test results. This application becomes a valid permit following sign off by Environmental Health Services.

**DRILLING SHALL NOT COMMENCE UNTIL THIS APPLICATION IS APPROVED (EHS requires 48 hour notice before completion of work)**

Contractor Signature \_\_\_\_\_ Contractor Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_ FEE PAID \$ \_\_\_\_\_ CK/CC \_\_\_\_\_

WELL SITE APPROVED: YES  NO  BY \_\_\_\_\_ DATE \_\_\_\_\_

WELL SITE APPROVAL GPS COORDINATES \_\_\_\_\_ N \_\_\_\_\_ W

SITE LETTER DATE \_\_\_\_\_ **PERMIT EXPIRATION DATE** \_\_\_\_\_

SPECIAL REQUIREMENTS FOR DRILLING CONTRACTOR \_\_\_\_\_

WELL SEAL WITNESSED YES  NO  BY \_\_\_\_\_ DATE \_\_\_\_\_ DEPTH \_\_\_\_\_

WELL SEAL GPS COORDINATES \_\_\_\_\_ N \_\_\_\_\_ W

WELL COMPLETION REPORT RECEIVED DATE \_\_\_\_\_ FINAL LETTER SENT DATE \_\_\_\_\_

