



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

2156 SIERRA WAY, STE. B/PO BOX 1489, SAN LUIS OBISPO, CA 93401
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OFFICE USE	
Permit No.	_____
Submittal Complete	<input type="checkbox"/>
Date	____/____/____
By	_____
WP No.	_____

Construction Repair/Modification Replacement

WELL PERMIT APPLICATION FOR CONSTRUCTION , REPAIR, OR MODIFICATION OF WATER 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 _____ 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 Name _____ Telephone Number _____
Email _____

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

Contractor Signature _____ Date _____
Contractor Printed Name _____

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 _____
CONDUCTOR CASING SEAL WITNESSED YES NO BY _____ DATE _____ DEPTH _____
WELL SEAL WITNESSED YES NO BY _____ DATE _____ DEPTH _____
BOREHOLE DESTRUCTION/SEAL WITNESSED YES NO BY _____ DATE _____ DEPTH _____
WELL SEAL GPS COORDINATES _____ N _____ W _____
WELL COMPLETION REPORT RECEIVED DATE _____ WATER QUALITY TEST RESULTS RECEIVED DATE _____ FINAL LETTER SENT DATE _____

WELL PROPOSAL DETAILS

Type of Work: Construction Repair/Modification Replacement

Intended Use: Domestic Private Irrigation/Agriculture Commercial Public/Community Water System

Public Water System Name _____ Contact _____
(If Different From Owner)

Parcel Size (acres) _____ Is proposed well located within city limits? No Yes Name of city _____

Paso Robles GWB Edna GWB Cuyama GWB Los Osos GWB Santa Maria GWB Coastal Zone Lake Nacimiento Sensitive Resource Area

Basin Name _____ Sub-Basin Name _____ Target Aquifer/Basin _____

Do you anticipate drilling into a water bearing formation that has the potential to degrade a higher quality aquifer? Yes No
If yes, please explain: _____

Is there any known potential to encounter a water bearing formation where levels of water quality constituents such as nitrate, selenium, hydrogen sulfide, boron, organics, etc., are a concern? Yes No If yes, please explain: _____

Geologist letter attached: Yes No (Required for wells 800' or deeper OR equal to or deeper than the sub-area thresholds in the PRGWB)

Other attachments: Construction Plan/Diagram Land Use Permit Coastal Zone Permit

WELL CONSTRUCTION DETAILS

Drilling Method: Mud Rotary Air Rotary Reverse Rotary Cable Tool Other _____

Exploration Hole: Exploration/Borehole Depth _____ ft. Exploration/ Borehole Diameter _____ in.

Conductor Casing: Conductor Depth _____ ft. Diameter _____ in. Material _____ Seal Depth _____ ft.

Boring: Boring Depth _____ ft. Boring Diameter _____ in.

Well Casing: Production Casing Depth _____ ft. Diameter _____ in. Gravel Pack/ Gravel Size _____
Thickness/Gauge/ASTM sched. _____ Steel Plastic Stainless Other _____

Annular Seal: Depth _____ ft. Neat Cement Sand Cement _____ sack mix Other _____

Seal Method: Pumped with tremie pipe Other _____ Retardant/Accelerator (name) _____

WELL PROPOSAL/CONSTRUCTION MODIFICATIONS

NOTE: NOT APPROVED UNTIL SIGNED BELOW

Date: _____ Description: _____

FOR OFFICE USE ONLY— PROJECT MODIFICATIONS EVALUATION

Received by: _____ Evaluated by: _____ Date: _____

Approved Denied Approved with Conditions: _____

COMPLETE AND ATTACH REQUIRED SCALED PLOT PLAN AND ANY REQUIRED LAND USE PERMITS OR GEOLOGIC REPORTS AS APPLICABLE

