



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT**

Michael Hill *Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

Property Owner:

Property Address:

Permit Number:

WP:

APN:

The above referenced well was completed on _____. As required under Section 13751 of the California Water Code, the Well Completion Report will be submitted within sixty (60) days.

Well Drilling Contractor Signature

Date:
