



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805) 781-4211
Email: ehs@co.slo.ca.us

OFFICE USE
Permit No.
Submittal Complete
Date
WP No.
Invoice No.
Scanned

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?
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

Construction Monitoring Electric >= 50' Cathodic Protection >= 50' Rotary Cable Tool
Repair/Modify Test Well Soil Testing >= 25' Sparging >= 25' Reverse Rotary Other
Vapor Extraction (Permit required for listed depth or encountering groundwater) 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. 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
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

# WELL PERMIT PLOT PLAN



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
2156 SIERRA WAY, STE. B SAN LUIS OBISPO, CA 93401  
PHONE: (805)781-5544 EMAIL: EHS@CO.SLO.CA.US  
www.slopublichealth.org/ehs

SCALE: 1/4" = 25'

INDICATE BELOW THE EXACT LOCATION OF PROPOSED WELL WITH RESPECT TO THE EXISTENCE OF ANY OF THE FOLLOWING ITEMS WITHIN A **200 FOOT RADIUS**: PROPERTY LINES; EASEMENTS; WATER BODIES OR WATER COURSES; DRAINAGE PATTERN; ROADS; EXISTING WELLS; SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS, ANIMAL ENCLOSURES AND ANY OTHER POTENTIAL SOURCES OF POLLUTION AND CONTAMINATION IDENTIFIED IN STATE STANDARD 8.A; AND ANY AREAS WITH KNOWN OR SUSPECTED SOIL OR WATER POLLUTION OR CONTAMINATION. INCLUDE DIMENSIONS. ALL PROPOSED WELL SITES SHALL BE DESIGNATED WITH A FLAGGED SURVEYOR'S STAKE LABELED "WELL SITE." DRILLING SHALL NOT COMMENCE UNTIL THIS APPLICATION IS APPROVED.

A large grid for plotting well locations. The grid is composed of small squares. In the top-left corner of the grid, there is a compass rose with the cardinal directions labeled: 'N' for North, 'S' for South, 'E' for East, and 'W' for West. The grid is intended for the user to mark the location of a proposed well and any other features within a 200-foot radius.

Directions to site: \_\_\_\_\_

Gate code(s) and survey contact information: \_\_\_\_\_