



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 DESTRUCTION PERMIT APPLICATION

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
Water Co. Name
Parcel Size (acres)
Coastal Zone?

WELL OWNER INFORMATION

Well Owner
Telephone Number

PROPERTY OWNER INFORMATION

Property Owner Name
Mailing Address
Telephone Number

EXISTING WELL CONDITIONS

PROPOSED DESTRUCTION FEATURES

Table with 2 columns: Existing Well Conditions and Proposed Destruction Features. Rows include Depth of Well, Casing Diameter, Screened Interval, Casing Material, Annular Seal Depth, Depth to Water, Purpose of Well at Construction, ImperVIOUS Seal Interval, Type of Sealing Material, Fill Material Interval, Type of Fill Material (below seal), Depth of Seal Termination, Other, and Number of Wells.

Is the well situated in an area where there may be an interchange of water between aquifers that will result in a deterioration of the quality of water in one or more aquifer? Yes No

Original well completion report attached? Yes No Additional destruction information attached? Yes No

Please briefly describe the proposed method of destruction. Include method of seal placement in your description:

WELL CONSULTANT INFORMATION

Consultant Company
Telephone Number
Consultant Name
E-mail

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
Date

Contractor Printed Name

FOR OFFICE USE ONLY

RECEIVED BY
DATE
FEE PAID \$
CK/CC#

APPLICATION APPROVED: YES NO BY
DATE

WELL SITE APPROVAL GPS COORDINATES
N
W
PERMIT EXPIRATION DATE

SPECIAL REQUIREMENTS FOR DRILLING CONTRACTOR

DESTRUCTION VERIFIED YES NO BY
DATE
DEPTH

DESTRUCTION GPS COORDINATES
N
W
WELL COMPLETION REPORT RECEIVED

WELL PLOT PLAN



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

SCALE: 1/4" = 25'

INDICATE BELOW THE EXACT LOCATION OF PROPOSED WELL WITH RESPECT TO 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 CONCENTRATED SOURCES OF POLLUTION. 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.

Directions to site: _____

Gate code(s) and survey contact information: _____
