



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



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: ¼" = 25'

INDICATE BELOW THE EXACT LOCATION OF PROPOSED WELL WITH RESPECT TO THE FOLLOWING ITEMS WITHIN A 200 FOOT RADIUS: PROPERTY LINES, EASEMENTS, UNDERGROUND STORAGE TANK SYSTEMS, 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.

A large grid of blue lines on a white background, intended for drawing the well permit plot plan. The grid is approximately 20 units wide and 35 units high. In the top-left corner of the grid, there is a compass rose with four main directions labeled: N (North) at the top, S (South) at the bottom, W (West) on the left, and E (East) on the right. The compass rose is stylized with red, blue, and yellow colors.

Directions to site: _____

Gate code(s) and survey contact information: _____