



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

OFFICE USE	
Permit No.	_____
Submittal Complete	<input type="checkbox"/>
Date	____/____/____
WP No.	_____
Invoice No.	_____
Scanned	____/____/____

WELL PERMIT APPLICATION

FOR CONSTRUCTION, REPAIR, OR MODIFICATION OF WATER WELLS

Construction	Repair/Modification	Replacement
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SITE INFORMATION

Proposed Well Site Address _____ City or Area _____
 Assessor's Parcel Number _____ GPS _____ N _____ W _____
 Site served by a water company, agency or district? No Yes Water Co. Name _____

PROPERTY OWNER INFORMATION

Property Owner Name _____
 Mailing Address _____ City _____ Zip _____
 Telephone Number _____ Email _____

WELL OWNER INFORMATION (If Different From Property Owner)

Well 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 and to the payment of any additional fees to complete any required environmental or technical review of the application. Within sixty days after completion of the well, I will furnish Environmental Health Services with a well completion report and water quality test results. The application becomes a valid permit following sign off by Environmental Health.

DRILLING SHALL NOT COMMENCE UNTIL THIS APPLICATION IS APPROVED

Contractor Signature _____ Date _____
 Contractor Printed Name _____
 Property Owner Signature _____ Date _____

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RECEIVED BY _____ DATE _____ FEE PAID \$ _____ CK/CC# _____
 WELL SITE VERIFIED: YES NO BY _____ DATE _____
 WELL SITE VERIFIED GPS COORDINATES _____ N _____ W _____
 SITE LETTER DATE _____ **PERMIT EXPIRATION DATE** _____
 COMMENTS _____
 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

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

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

Is proposed well located within city limits? No Yes, name of city _____

Parcel Size (acres): _____ Coastal Zone Lake Nacimiento Sensitive Resource Area

Paso Robles GWB Edna GWB Cuyama GWB Los Osos GWB Santa Maria GWB

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

1) Do you anticipate drilling into a water bearing formation that has the potential to degrade a higher quality aquifer?
No Yes

2) Do you anticipate encountering soil conditions between ground surface and groundwater other than those described in State Well Standard 8.A? No Yes

3) Are there any other conditions that may render inadequate the minimum horizontal separation distances identified in State Well Standard 8.A to ensure that the well does not result in deterioration of groundwater quality? No Yes

4) Are there any areas with known or suspected soil or water pollution or contamination for which a certain horizontal separation distance may need to be established in order to ensure that the well does not result in deterioration of groundwater quality despite the increased 50 foot minimum seal depth identified in the County Code? No Yes

If, during well construction, you encounter any soil or other conditions or water pollution or contamination that would modify your answer to any of the above questions, you must cease drilling immediately and notify Environmental Health Services of the changed circumstances.

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) _____

ATTACHMENTS

Geologist letter attached: Yes No (Required for wells 800' or deeper OR equal to or deeper than the sub-area thresholds in the PRGWB or where the answer to question 1) is yes)

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

Other, please explain: _____

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 Comments: _____

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

WELL PERMIT PLOT PLAN



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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 20 columns and 20 rows of squares. In the top-left corner of the grid, there is a compass rose with four cardinal directions labeled: 'N' for North, 'S' for South, 'E' for East, and 'W' for West. The grid is intended for the user to draw and label the proposed well site and any other features mentioned in the instructions.

Directions to site: _____

Gate code(s) and survey contact information: _____