



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way, Suite B, San Luis Obispo, CA 93401
Phone: (805) 781-5544 Fax: (805) 781-4211

Email: ehs@co.slo.ca.us Website: www.slocounty.ca.gov/ehs

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 4 columns: Existing Well Conditions (Depth of Well, Casing Diameter, Screened Interval, Casing Material, Annular Seal Depth, Depth to Water, Purpose of Well at Construction) and Proposed Destruction Features (Impervious Seal Interval, Type of Sealing Material, Fill Material Interval, Type of Fill Material, Depth of Seal Termination, Other, 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 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 the well location. In the top-left corner of the grid is a compass rose with cardinal directions labeled: 'N' for North, 'S' for South, 'E' for East, and 'W' for West. The grid is composed of small squares, intended for marking the well site and its 200-foot radius.

Directions to site: _____

Gate code(s) and survey contact information: _____