

WELL PERMIT APPLICATION
ALPINE COUNTY HEALTH DEPARTMENT
75-B Diamond Valley Road
Markleeville, CA 96120
(530) 694-2146 (530) 694-2252 fax

PLEASE COMPLETE APPLICATION, SIGN, DATE AND RETURN TO THIS OFFICE WITH APPLICABLE PERMIT FEE OF \$_____

PROPERTY INFORMATION:

Property Owner _____ Telephone(s) _____
Mailing Address _____ City, State & Zip Code _____
Assessor's Parcel Number _____ Property Location _____

Well Driller Information:

Well Driller _____ Contractor License # _____
Company _____ Telephone(s) _____
Business Address _____ City, State & Zip Code _____

WELL INFORMATION:

TYPE OF WORK: ___ New Well ___ Repair/Modification ___ Destruction ___ Proposed Depth _____ ft
USE: ___ Domestic ___ Irrigation ___ Industrial ___ Test Well ___ Municipal ___ Other: _____
EQUIPMENT: ___ Rotary ___ Cable Tool ___ Other: _____
PROPOSED CASING: ___ Steel ___ PVC ___ Diameter ___ Wall or Gage
PROPOSED SEALING ZONES: SEALING MATERIAL: PROPOSED PERFORATIONS/SCREEN:
From ___ to ___ Feet Neat Cement _____ From ___ to ___ Feet
From ___ to ___ Feet Cement Grout _____ From ___ to ___ Feet
From ___ to ___ Feet Bentonite Clay _____ From ___ to ___ Feet
METHOD OF SEALING: Pressure sealed by pumping ___ YES ___ NO
DATE OF WORK: Start _____ Completed _____

I hereby agree to comply with all regulation of the Alpine County Health Department and with all ordinances, laws of Alpine County and the State of California pertaining to well construction, repair, modification and destruction. Immediately upon completion of work I will furnish the Alpine County Health Department with a complete and accurate well log.

WELL DRILLER'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

County Use:

WELL PERMIT NO. _____ (Valid for twelve (12) months from Date of Issue)

VERIFICATION OF CONTRACTOR'S LICENSE _____ \$ _____ FEE PAID ON _____ RECEIPT # _____

This certifies that permission is hereby granted to _____

TO INSTALL THE ABOVE WELL in accordance with the above application.

By: _____ Environmental Health Specialist Date: _____

CERTIFICATE OF COMPLETION: _____ Environmental Health Specialist Date: _____

(WHEN SIGNED BY HEALTH OFFICER, THIS APPLICATION IS A PERMIT)