

# SIERRA COUNTY HEALTH DEPARTMENT

P.O. BOX 7, LOYALTON, CA 96118  
 Phone (530) 993-6700 • Fax (530) 993-6790

## APPLICATION for CONSTRUCTION, REPAIR, MODIFICATION and DESTRUCTION of WELLS

ASSESSOR'S PARCEL NUMBER	LOCATION	H. D. APPROVAL NUMBER
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**To Be Completed By Owner Or Authorized Agent**      **Permit Expires One (1) Year From Date Of Issue**

NAME	MAILING ADDRESS	PHONE NUMBER
CONTRACTOR		CONTRACTOR'S LIC. NUMBER

TYPE OF WORK	USE	EQUIPMENT	PROPOSED WELL DEPTH
New Well <input type="checkbox"/> Repair or Modification <input type="checkbox"/> Destruction <input type="checkbox"/>	Domestic <input type="checkbox"/> Test Wall <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/>	Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other <input type="checkbox"/>	_____ Feet _____ Actual Feet
PROPOSED CASING	PROPOSED SEALING ZONE(s)	SEALING METHOD	SEALING MATERIAL
Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other <input type="checkbox"/> Diameter _____ Wall or Gage _____	From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet <b>ACTUAL</b> From _____ to _____ Feet From _____ to _____ Feet	Pressure <input type="checkbox"/> Other <input type="checkbox"/>	Neat Cement <input type="checkbox"/> Puddled Clay <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/>
PROPOSED PERFORATIONS OF SCREEN	DATE OF WORK	WELL DRILLER	
From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet <b>ACTUAL</b> From _____ to _____ Feet From _____ to _____ Feet	Start: _____ Completion: _____	Name, Address, Phone Number and License Number _____ _____ _____	

**PROVIDE A SCALED PLOT PLAN FOR 200 FOOT RADIUS FROM WELL, INCLUDE: Easements, Other existing wells, Animal enclosures, Access roads, Drainage, Overhead power, Property lines, Sewage disposal systems, Fuel tanks (above or below ground), Water courses, Springs, Creeks, Rivers, etc., Indicate Northerly direction.**

### Well Driller is to Supply Well Log upon Completion

I hereby certify that I have prepared this application and that the installation will be done and inspected in accordance with Sierra County Ordinances and State Laws.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT FILL IN BELOW THIS LINE**

**NOTE: APPROVAL OF THE HEALTH DEPARTMENT IS NOT A GUARANTEE THAT THE PROPOSED INSTALLATION WILL OPERATE SUCCESSFULLY, BUT MERELY THAT THE SYSTEM MEETS THE MINIMUM REQUIREMENTS OF THE HEALTH DEPARTMENT.**

APPROVED    
 APPROVED WITH CONDITIONS    
 BACTERIOLOGICAL SAMPLE REQUIRED

Approval by: \_\_\_\_\_, EHS    Date: \_\_\_\_\_

Final Inspection by: \_\_\_\_\_, EHS    Date: \_\_\_\_\_

Remarks/Conditions: \_\_\_\_\_

**IMPORTANT: A Building Permit must be obtained from Sierra County Building Department prior to construction. This permit must be submitted and fees paid to building department after approval by the Health Department.**

Issued by \_\_\_\_\_ Building Permit No. \_\_\_\_\_ Date \_\_\_\_\_