

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 ACTUAL From _____ to _____ Feet From _____ to _____ Feet	Pressure <input type="checkbox"/> Other <input type="checkbox"/>	Neat Cement <input type="checkbox"/> Puddied 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 ACTUAL 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 _____