

APPLICATION & WATER WELL JOB PERMIT

AMADOR COUNTY ENVIRONMENTAL HEALTH



FOR OFFICE USE ONLY

Permit Fee: _____ Permit No: _____

Site Approved by: _____ Date: _____ Date Issued: _____

Annular Seal Inspection by: _____ Date: _____

Well Completion Report Received: _____ Water Analysis Results: _____

COMMENTS: _____

Final Inspection by: _____ Date: _____

SITE STAKED WITH _____ **LOCATION** _____ **ASSESSOR'S PARCEL #** _____

JOB ADDRESS _____

NEAREST CROSS STREET _____ SEPTIC PERMIT # _____

OWNER'S NAME _____ PHONE # _____

OWNER'S ADDRESS _____ CITY _____

WELL DRILLER _____ LICENSE # _____ TYPE _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

WORK TO BE PERFORMED:

- | | |
|---|--|
| <input type="checkbox"/> New Well Construction | <input type="checkbox"/> Well Destruction |
| <input type="checkbox"/> Deepen Well | <input type="checkbox"/> Monitoring Well |
| <input type="checkbox"/> Repair Well (state work) _____ | <input type="checkbox"/> Other (State) _____ |

INTENDED USE:

- Domestic/Private
- Domestic/Public
- Irrigation
- Industrial
- Monitoring
- Other (state) _____

TYPE OF WELL:

- Cable Tool
- Auger
- Driven
- Rotary
- Other (state) _____

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CONSTRUCTION SPECIFICATIONS:

WELL: Diameter _____ Depth _____ Annular Space Size _____

CASING: Interval _____ If Conductor: Diameter _____ Interval _____

If steel: Gauge _____ or Thickness _____

If plastic: Type _____ (MUST MEET ASTM F-480)

ANNULAR SEAL: Interval _____ Material Used _____

GRAVEL PACK: Yes No

COMMENTS: _____

WELL DESTRUCTION: Diameter _____ Interval _____ Material Used _____

COMMENTS: _____

I will comply with all Codes, Rules and Regulations of the State and County pertaining to or regulating well construction. I will call for annular seal inspection at least 24 hours prior to sealing. I will submit a Water Well Driller's Report to the Health Officer within ten (10) days of well completion. I will obtain final approval before placing the well in service.

SIGNATURE _____ TITLE _____ DATE _____
(Owner, Agent, Driller)

DRAW PLOT PLAN ON REVERSE SIDE OR SUBMIT SEPARATE PLOT PLAN