



**CONTRA COSTA COUNTY
ENVIRONMENTAL HEALTH DIVISION**

2120 DIAMOND BOULEVARD, SUITE 200
CONCORD CA 94520
Phone (925) 692-2500 Fax (925) 692-2502 www.cchealth.org/eh



WELL PERMIT APPLICATION

APPLICATION FEE IS NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL REFER TO FEE SCHEDULE)
ONE APPLICATION PER WELL

TYPE OF WORK:

- Domestic Water well (69) _____ Well Destruction (68) _____ Dewatering Well (51) # of _____
 Monitoring well (65) _____ Piezometer w/ casing (67) _____ Public/Small Water System Well (63) Industrial Well (73) Sewer System
 Well Reconstruction (69) _____ Flow Test (99) _____ Agricultural/Irrigation Well (72) Other _____

SEWAGE DISPOSAL:

- Septic System
 Sewer System

PLEASE PRINT CLEARLY. * REQUIRED FIELD MUST BE COMPLETED (Attach plot plan and safety plan, as needed)

LEGAL OWNER INFORMATION	*Legal Owner:		
	*Address:		Phone Number:
	*City:	State:	Zip code:
	*Billing Address (if different from above):		
SITE INFORMATION	*Name (if different from owner address):		
	*Address (if different from owner address):		
	*Assessor's Parcel Number:	Subdivision/Minor Subdivision #:	Lot/Parcel Number:
	*On-site Contact Name:	*On-site Contact Cell Number:	
LICENSED DRILLER INFORMATION			
*Business Name:		*C-57 License Number:	*Business Phone:
*Mailing Address:		*Email Address:	*Fax Number:
CONSULTANT/ENGINEER INFORMATION			
*Business Name:		*Business Phone:	*Fax Number:
*Mailing Address:		Email Address:	
CONSTRUCTION/DESTRUCTION SPECIFICATIONS			
Well Casing Diameter	Casing Material	Gauge	
Annular Seal Depth **	Borehole Diameter	Boring Depth (b.g.s.)	
Annular Seal Thickness	Gravel/Sand packed	Conductor Casing	
Conductor Casing Depth	Method of Drilling/Destruction/Other:		
Type of Material for annular seal/destruction (specify mix or product): <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Cement ** (Bentonite chips for transition seal only)**			
<input type="checkbox"/> VARIANCE REQUIRED – attach Variance form with fee. One form per job. ** Required for water well and monitoring well annular seals that are less than 50 feet and 10 feet below ground surface (b.g.s.), respectively.			
<input type="checkbox"/> PLOT MAP <input type="checkbox"/> HEALTH & SAFETY PLAN <input type="checkbox"/> ENCROACHMENT PERMIT (If in right of way) <input type="checkbox"/> RIGHT OF ACCESS AGREEMENT			

PERFORMANCE BOND REQUIREMENT: Contra Costa County Ordinance, Title 4 Health and Safety, Article 414-4.10; Section 414-4.1023(a) Prior to the issuance of a permit, the applicant shall post with the health officer a cash deposit or bond guaranteeing compliance with the terms of this chapter and the applicable permit, such bond to be in an amount deemed necessary by the health officer to remedy improper work but not in excess of five thousand dollars.

I hereby certify that the above information and submitted plans are true and correct and that the proposed work will comply with all permit conditions and applicable laws and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit and plans at the job site until final approval, and obtain written authorization prior to deviating from the approved permit or plans, or placing the well in service. The issuance of this permit by Contra Costa Environmental Health Division does not guarantee a satisfactory and an indefinite operation of any well system.

Signature of C-57 Licensed Driller

Date

FOR OFFICE USE ONLY

FA #:	PR #	P/E: 43	CT #:	DATE RECEIVED:	REHS:	SUPERVISOR:
AMOUNT DUE: \$	AMOUNT PAID: \$	CHECK #:	CASH	CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA	XR	
INITIAL:	DATE APPROVED:	<input type="checkbox"/> CONDITIONS				