

INYO COUNTY ENVIRONMENTAL HEALTH SERVICES

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WELL PERMIT APPLICATION

Permit No. _____

TYPE OF WORK (Check) New Well <input type="checkbox"/> Repair or Modification <input type="checkbox"/> Destruction <input type="checkbox"/>	USE (Check) Domestic <input type="checkbox"/> Test Well <input type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Monitoring <input type="checkbox"/> Other <input type="checkbox"/>	EQUIPMENT (Check) Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other <input type="checkbox"/>
PROPOSED WELL DEPTH _____ Feet	PROPOSED CASING Steel <input type="checkbox"/> Other _____ Diameter _____ Wall or Gage _____	
PROPOSED SEALING ZONE From _____ to _____ Feet	SEALING MATERIAL (Check) Neat Cement <input type="checkbox"/> Bentonite Clay <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/>	
PHYSICAL SITE ADDRESS: ASSESSOR'S PARCEL NO.	DATE OF WORK Start _____ Completion _____	
NAME OF WELL OWNER: MAILING ADDRESS: EMAIL ADDRESS:	NAME OF WELL DRILLER: BUSINESS ADDRESS: PHONE NUMBER:	
<p style="text-align: center;">(FOR OFFICE USE ONLY) DISPOSITION OF APPLICATION</p> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> APPROVED WITH CONDITIONS LISTED: <input type="checkbox"/> Minimum _____ ft. seal of annular space (minimum 2 inches) is required and must be witnessed by Inyo County Environmental Health Services. Call for inspection. <input type="checkbox"/> A concrete pad shall be placed around the well casing that extends at least two feet laterally in all directions from the outside of the well boring and is a minimum of 4 inches thick. The pad must be sloped away from the well casing. <input type="checkbox"/> Well driller's log shall be submitted to Inyo County Environmental Health Services within 30 days of completion of the well. <input type="checkbox"/> _____ _____	C-57 LICENSE NUMBER: _____ Cash Deposit <input type="checkbox"/> _____ Bond Posted <input type="checkbox"/>	
	\$ _____ Fee paid on _____ Receipt No. _____	
	I hereby agree to comply with all regulations of the Department of Environmental Health Services and with all ordinances and laws of Inyo County and of the State of California pertaining to well construction, repair, modification and destruction at the time of commencement of work. This permit will be valid one year from date of site approval.	
	_____ LICENSED WELL DRILLER'S SIGNATURE _____ DATE	
<p>Inyo County Environmental Health Services recommends that an acceptable bacteriological sample be obtained after the well is completed.</p>		
_____ Site Approval/Permit Application Approval Date		_____ Construction Inspection Date
_____ Final Approval Date		_____ _____