



PERMIT NUMBER: _____

WELL PERMIT APPLICATION

Inyo County Environmental Health Department

1360 North Main Street, Bishop, CA 93514

InyoEHD@inyocounty.us · (760) 878-0238

OWNER INFORMATION	
Property Owner Name:	Assessor's Parcel Number:
Phone Number:	Email:
Mailing Address:	City: Zip:
Project Site Address:	City: Zip:

WELL DRILLER INFORMATION	
Name of Driller:	C-57 License Number: OR C-61/D-9 License Number: (Well drilling) (Drilling, blasting, oil field work)
Phone Number:	_____
Business Mailing Address:	
City: Zip:	Email:

TYPE OF WELL	
<input type="checkbox"/> Domestic/Private (1 connection) <input type="checkbox"/> Domestic (2-4 connections) <input type="checkbox"/> State Small Water System (5-14 connections) <input type="checkbox"/> Public Water System (15+ connections or 25+ people served) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Test hole (drill and destroy) <input type="checkbox"/> Cathodic protection <input type="checkbox"/> Monitoring/Vadose/Observation <input type="checkbox"/> Agricultural/Industrial

GROUNDWATER BASIN PRIORITY (Provide basin name)	
<input type="checkbox"/> Very low priority: _____	<input type="checkbox"/> Low priority: _____
<input type="checkbox"/> Medium priority: _____	<input type="checkbox"/> High priority: _____

TYPE OF WORK	EQUIPMENT	PITLESS ADAPTER USE
<input type="checkbox"/> Construct New <input type="checkbox"/> Modification <input type="checkbox"/> Drill and Destroy <input type="checkbox"/> Destruction	<input type="checkbox"/> Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Hollow Stem Auger <input type="checkbox"/> Other Describe other: _____	<input type="checkbox"/> Pitless adapter will be used <input type="checkbox"/> Pitless adapter will NOT be used <input type="checkbox"/> Not applicable

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PROJECT DESIGN CRITERIA		
ANNULAR SEALING MATERIAL (Check all that apply)	ESTIMATED PROJECT TIMEFRAME	CASING SPECIFICATIONS
<input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite clay <input type="checkbox"/> Cement grout <input type="checkbox"/> Clean Fill	Start date: _____ Completion date: _____	Material: _____ Diameter (in.): _____
PROPOSED SEALING DEPTH	PROPOSED DRILLING DEPTH	Wall/Gauge: _____
From _____ to _____ feet	From _____ to _____ feet	
SURFACE SLAB		CONDUCTOR CASING SPECIFICATIONS
Surface slab to be constructed by: _____		<input type="checkbox"/> N/A <input type="checkbox"/> Conductor to remain permanently
DESCRIPTION OF WORK (Well modification only)		Material: _____ Diameter (in.): _____ Wall/Gauge: _____
SITE MAP		
All well permit applications must be accompanied by a Site Map (ICC 14.24.040). The Site Map must indicate the exact location of the well with respect to each of the following items within a radius of two hundred feet of the proposed well site:		
<ul style="list-style-type: none"> • Animal or fowl enclosure(s) • Cesspool or seepage pits • All intermittent or permanent, natural or artificial water bodies or watercourses 	<ul style="list-style-type: none"> • Existing wells • Access roads • drainage pattern of the property 	<ul style="list-style-type: none"> • Property lines • Sewage disposal systems, or works carrying or containing sewage, industrial or storm waters

I hereby agree to comply with all regulations of the Inyo County Environmental Health Department and with all ordinances and laws of Inyo County and the State of California pertaining to well construction, repair, modification, and destruction at the time of commencement of work.

 Licensed Driller's Signature

 Date

 Property Owner's Signature

 Date

OFFICE USE ONLY		
Permit fee: \$ _____		
Date paid: _____	Site approval/permit application approval	_____ Date
Receipt number: _____	Annular seal construction inspection	_____ Date
Indemnification signed: _____	Surface slab construction inspection	_____ Date
PERMIT EXPIRATION: _____	Well driller's log received	_____ Date