



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, State: <span style="float: right;">Zip:</span>
Project Site Address:	City, State: <span style="float: right;">Zip:</span>

WELL DRILLER INFORMATION	
Name of Driller:	C-57 License Number: <span style="margin-left: 20px;">OR</span> C-61/D-9 License Number: (Well drilling) <span style="margin-left: 20px;">(Drilling, blasting, oil field work)</span>
Phone Number:	_____
Business Mailing Address:	
City, State: <span style="margin-left: 100px;">Zip:</span>	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"/> Test hole (drill and destroy) <input type="checkbox"/> Cathodic protection <input type="checkbox"/> Monitoring/Vadose/Observation <input type="checkbox"/> Agricultural/Industrial
<input type="checkbox"/> Other: _____	

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

PROJECT DESIGN CRITERIA					
<b>ANNULAR SEALING MATERIAL</b> (Check all that apply)	<b>ESTIMATED PROJECT TIMEFRAME</b>	<b>CASING SPECIFICATIONS</b>			
<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.): _____ Wall/Gauge: _____			
<b>PROPOSED SEALING DEPTH</b>	<b>PROPOSED DRILLING DEPTH</b>				
From _____ to _____ feet	From _____ to _____ feet				
<b>SURFACE SLAB</b>		<b>CONDUCTOR CASING SPECIFICATIONS</b>			
Surface slab to be constructed by: _____		<input type="checkbox"/> N/A <input type="checkbox"/> Conductor to remain permanently			
<b>DESCRIPTION OF WORK (Well modification only)</b>					
		Material: _____ Diameter (in.): _____ Wall/Gauge: _____			
<b>SITE MAP</b>					
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:					
<table style="width:100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Animal or fowl enclosure(s)</li> <li>• Cesspool or seepage pits</li> <li>• All intermittent or permanent, natural or artificial water bodies or watercourses</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Existing wells</li> <li>• Access roads</li> <li>• drainage pattern of the property</li> </ul> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Property lines</li> <li>• Sewage disposal systems, or works carrying or containing sewage, industrial or storm waters</li> </ul> </td> </tr> </table>			<ul style="list-style-type: none"> <li>• Animal or fowl enclosure(s)</li> <li>• Cesspool or seepage pits</li> <li>• All intermittent or permanent, natural or artificial water bodies or watercourses</li> </ul>	<ul style="list-style-type: none"> <li>• Existing wells</li> <li>• Access roads</li> <li>• drainage pattern of the property</li> </ul>	<ul style="list-style-type: none"> <li>• Property lines</li> <li>• Sewage disposal systems, or works carrying or containing sewage, industrial or storm waters</li> </ul>
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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 _____
<b>PERMIT EXPIRATION:</b> _____	Well driller's log received _____	Date _____