



County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

WELL PERMIT APPLICATION

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980
- 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

DEH USE ONLY	
Permit No.	_____
Expiration	_____
EHW No.	_____

OWNER

Name _____
 Mailing Address _____
 City _____ State _____
 Zip _____ Phone No. (____) _____
 E-mail _____ N/A

SITE ADDRESS

City _____ RCDEH-LOP Site
 APN _____
 Township _____ Range _____ Section _____
 Wellhead GPS Coordinates (Lat./Lon.):
 _____ / _____

Provide Plot Plan & Vicinity Map on Attachment #2

WELL DRILLER

Name _____
 Phone (____) _____
 E-mail _____ N/A
 Riv. Co. Registration No. _____
 C-57 License No. _____

CONSULTANT

Name _____
 Address _____ City _____
 State _____ Zip _____ Phone (____) _____
 E-mail _____ N/A

DATE OF WORK

Start _____ Complete _____

TYPE OF WORK (check)

- New Reconstruction Destruction

Describe reconstruction or destruction method on Attachment 1

WELL TYPE (check)

- Agricultural Individual Cathodic
 Other _____

Type of rig _____

ANNULAR SEAL

Depth _____ ft.
 Borehole Diam. _____ In.
 Conductor Diam. _____ In.
 Annular Thickness _____ in.
 Sealing Material _____

DEPTH OF WELL (feet)

Proposed _____ Existing _____
 Diameter of Bore (in.) _____

WELL CASING

- Steel PVC Other

From (ft.)	To (ft.)	Dia. (in.)	Wall (Gage)

GRAVEL PACK Yes No

From _____ to _____ ft.

PERFORATIONS (if applicable)

From _____ to _____ ft.

SEALED ZONES (if applicable)

From _____ to _____ ft.

I have read this application and agree to comply with all laws regulating the type of work being performed.

Driller's Signature _____ Date _____

I declare under penalty of perjury under the laws of the State of California that the information furnished as part of this application is true and correct. I also understand that I am legally obligated to obey all requirements of state law and Riverside County Ordinances in connection with the approval of this application.

Property Owner's Signature _____ Date _____

DISPOSITION OF PERMIT DEH USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Notify the Department 48 hours in advance to make an inspection of the Following operations:	Submit to the Department within thirty (30) days after completion of work, a copy of Water Well Driller's Report (DWR 188)
<input type="checkbox"/> Prior to sealing of the annular space or filling of the conductor casing. <input type="checkbox"/> After installation of the surface protective slab and pumping equipment. <input type="checkbox"/> During destruction of wells, prior to pouring the sealing material.	NOTE: Properties located within an Adjudicated Basin or within Water District boundaries may be subject to restriction or usage as determined by the Water Master or District agreements.
Other: _____	
Specialist: _____	Date: _____

COUNTY OF RIVERSIDE
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**WELL PERMIT APPLICATION
PLOT PLAN INSTRUCTIONS**

1. The Plot Plan (see Attachment #2) shall show the proposed well location with respect to the following items with a radius of five-hundred feet (500') from the well;
 - a. Property lines, including ownership.
 - b. Sewage or waste disposal systems, (including reserved waste disposal expansion areas), or works for carrying or containing sewage or waste.
 - c. Location of underground storage tank(s).
 - d. All intermittent or perennial, natural, or artificial bodies of water or watercourses.
 - e. The approximate drainage pattern of the property.
 - f. Other wells, including abandoned wells.

NOTE: All abandoned wells on this property must be properly destroyed before a new well permit can be issued.

- g. Access road(s) to the well site.
 - h. Structures.
2. Location of the property on a vicinity map (see Attachment #2)
3. Legal description of property including Assessor's Parcel Map.
4. Location and classification by visual inspection of any solid, liquid, or hazardous waste disposal sites to include municipal and individual package sewage treatment plants within two-thousand feet (2000') of the proposed well.
5. Animal corrals and pens.
6. Other information that has been requested by the Department of Environmental Health to determine if the under-ground waters will be adequately protected.

Space below is to be used to describe reconstruction or destruction method used

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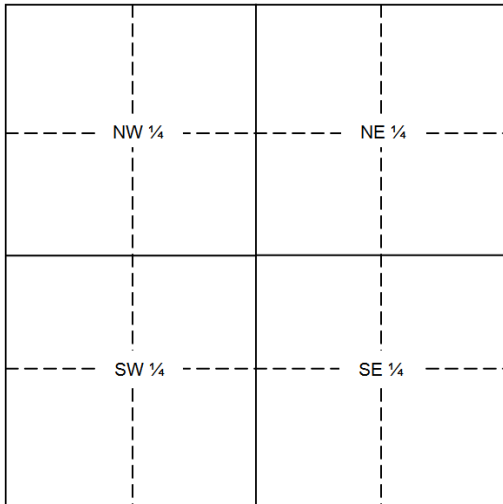
PLOT PLAN

- -
Assessor's Parcel Number



NOTE: Please see Attachment 1 for information that must be shown on this Plot Plan in order to process this permit application.

SECTION MAP



VICINITY MAP