



**WELL PERMIT APPLICATION**

- 4080 Lemon Street • 2<sup>nd</sup> Floor • P.O. Box 1280 • Riverside • CA • 92502 – (951) 955-8980
- 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

PLEASE REPLY TO ADDRESS CHECKED ABOVE

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 (WGS-84 Decimal Degrees):  
 \_\_\_\_\_ / \_\_\_\_\_

**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
- Industrial
- Other \_\_\_\_\_
- Community
- Individual
- Horizontal
- Monitoring
- Cathodic
- Sparge

Type of rig \_\_\_\_\_

**UPPER ANNULAR SPACE 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 <b>Water Well Driller's Report (DWR 188)</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Prior to sealing of the annular space or filling of the conductor casing.</li> <li><input type="checkbox"/> After installation of the surface protective slab and pumping equipment.</li> <li><input type="checkbox"/> During destruction of wells, prior to pouring the sealing material.</li> </ul>	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 COMMUNITY HEALTH AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH

**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.

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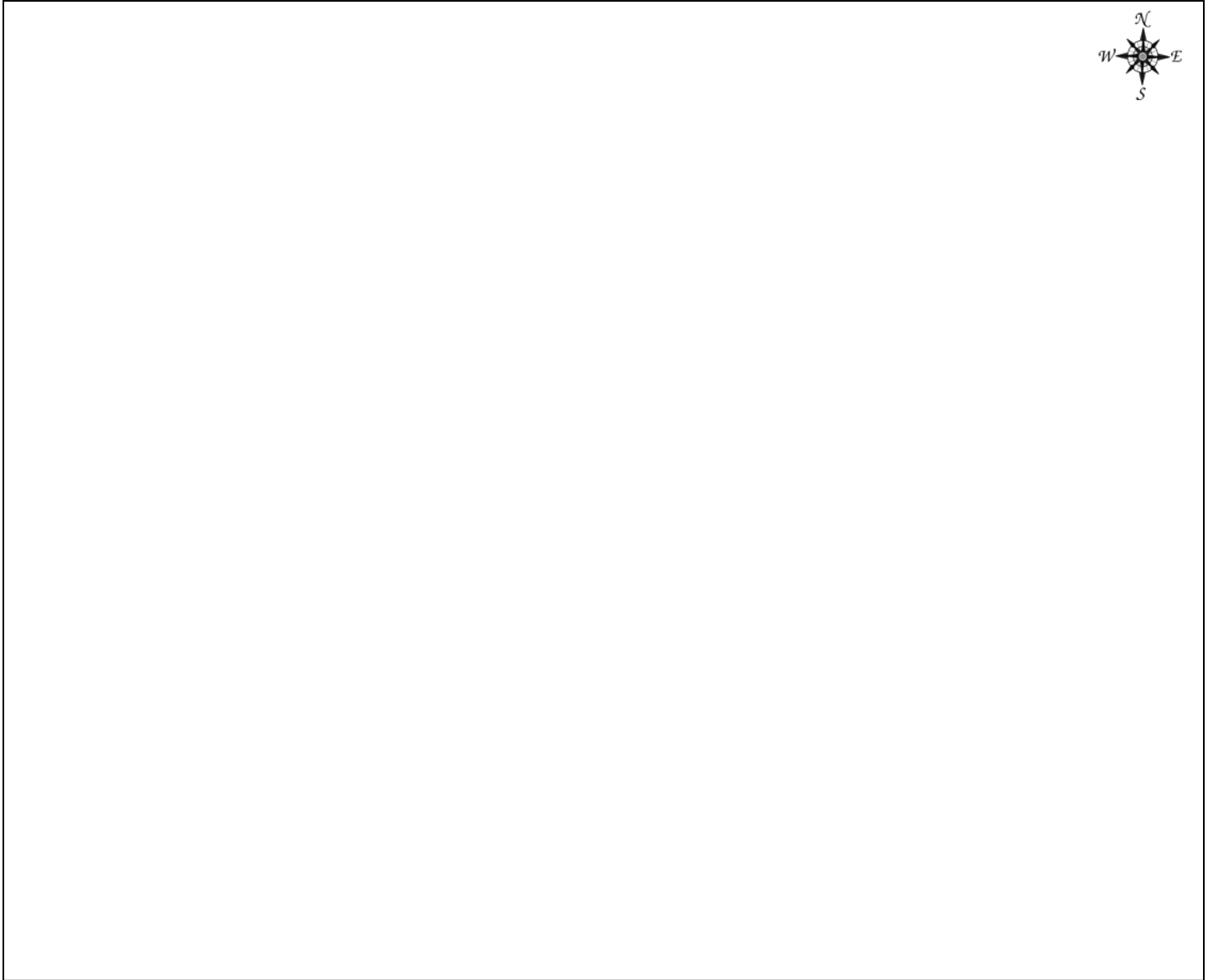
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Space below is to be used to describe reconstruction or destruction method used

COUNTY OF RIVERSIDE COMMUNITY HEALTH AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH

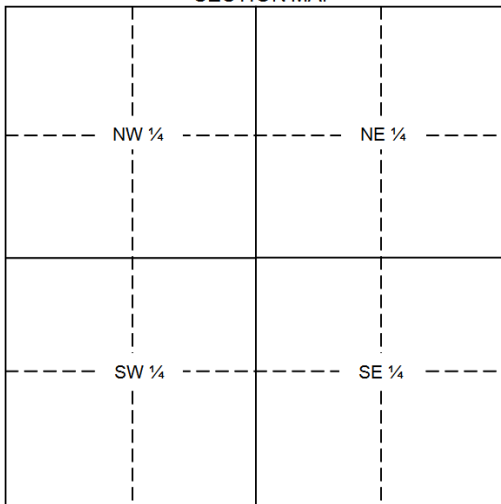
PLOT PLAN

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