INYO COUNTY ENVIRONMENTAL HEALTH SERVICES

P. O. Box 427, Independence, CA 93526
(760) 878-0238 • Fax (760) 878-0239

207 W. South Street, Bishop, CA 93514
(760) 873-7866 • Fax (760) 873-3236

WELL PERMIT APPLICATION

Permit No. _____

TYPE OF WORK (Check)	USE	EQUIPMENT (Check)
New Well ☐ Repair or Modification ☐ Destruction ☐	Domestic ☐ Test Well ☐ Irrigation ☐ Municipal ☐ Monitoring ☐ Other ☐	Rotary ☐ Cable Tool ☐ Other ☐

PROPOSED WELL DEPTH	PROPOSED CASING
_____ Feet	Steel ☐ Other _____ Diameter _____ Wall or Gage _____

PROPOSED SEALING ZONE	SEALING MATERIAL (Check)
From _____ to _____ Feet	Neat Cement ☐ Bentonite Clay ☐ Cement Grout ☐ Concrete ☐

PHYSICAL SITE ADDRESS: ASSESSOR'S PARCEL NO.	DATE OF WORK Start _____ Completion _____
NAME OF WELL OWNER: MAILING ADDRESS: PHONE NUMBER:	NAME OF WELL DRILLER: BUSINESS ADDRESS: PHONE NUMBER:

(FOR OFFICE USE ONLY)
DISPOSITION OF APPLICATION

☐ APPROVED ☐ DENIED

☐ APPROVED WITH CONDITIONS LISTED:

☐ Minimum _____ft. seal of annular space(minimum 2 inches) is required and must be witnessed by Inyo County Environmental Health Services.

☐ 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.

☐ Well driller's log shall be submitted to Inyo County Environmental Health Services within 30 days of completion of the well.

☐ _____

_____

_____

Inyo County Environmental Health Services recommends that an acceptable bacteriological sample be obtained after the well is completed.

C-57 LICENSE NUMBER: _____

Cash Deposit ☐
Bond Posted ☐

$_____ 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.

_____
LICENSED WELL DRILLER'S SIGNATURE

_____
DATE

_____
Site Approval/Permit Application Approval *Date*

_____
Construction Inspection *Date*

_____
Final Approval *Date*