

Well Permit Application

WLS-031

Site Address	Permit Number
City/Town	State Zip
Owner Name	Assessor's Parcel Number
Mailing Address	Well Driller Name
City/Town	Mailing Address
State Zip	City/Town State Zip
Phone	License Number
Contact Person	Phone Fax

The validity of this permit depends upon the accuracy of the information provided by the applicant. A site plan must accompany this application. In addition to the information required on the Minimum Standard Site Plan (Form CSS-019), the site plan shall also include the proposed well location, existing well(s) location(s), GPS coordinates of proposed well, sewer mains and laterals, and other potential sources of contamination. If an inadequate site plan is provided and a second field visit is required, a charge at the current hourly rate will be assessed. The precise site location of the proposed well must be staked with the driller's name.

INDICATE TYPE AND NUMBER OF PROPOSED WELLS/BORINGS:

Indicate use: Residential Community Irrigation Industrial

Reason for new well: _____

Destruct Class I Well Class II Well Reconstruction Reason for Class II: _____

[] Geotechnical Borings [] Geoexchange [] Monitoring [] Cathodic [] Dewatering

[] Performance Well [] Piezometer [] Inclinometer [] Other: _____

Total number of wells on property: _____ Number in use: _____ Number inactive: _____ Number abandoned: _____

Well located within an existing public water system boundary: Yes No Name of System: _____

CONSTRUCTION PROPOSED:

Casing: Diameter: _____ Gauge: _____ Material: _____ Gravel Pack Conductor: Yes No
Sand Pack

Annular Space: Size: _____ Depth of Seal: _____ Seal Material: _____

Method of Disinfection: _____ Method of Sealing _____ Type of Joint: _____
Access Opening: _____

DESTRUCTION PROPOSED: Well Diameter: _____ Well Depth: _____ Well Casing: _____

Method of Destruction: _____

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain worker's compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My worker's compensation insurance carrier and policy number are:

Carrier _____

Policy No. _____

(This section need not be completed if the permit is for one hundred dollars (\$100) or less).

I hereby agree to comply with all laws and regulations of the County of Sonoma and State of California pertaining to water well construction. I will telephone (707) 565-1694 to notify the Environmental Health Specialist 24 hours prior to commencing this work. **I will furnish the Permit and Resource Management Department and the owner a copy of the State Well Completion Report within thirty (30) days in order to obtain final approval on this well as required by SONOMA COUNTY CODE, CHAPTER 25B.** I acknowledge that the application will become a permit only after site approval and payment of fee. I understand that this permit is not transferrable and expires one year from the date of issuance.

Signature of Well Driller Date

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

⚡ DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff ⚡

Site approved by:	Date:	Seal Inspection Date:	EHS
Finalled by:	Date:	GW Zone: 1 2 3 4	
Comments			

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue ❖ Santa Rosa, CA ❖ 95403-2829 ❖ (707) 565-1900 ❖ Fax (707) 565-1399