

LASSEN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

707 NEVADA STREET, SUITE 5, SUSANVILLE, CA 96130

▪ Phone: (530) 251-8528

▪ Fax: (530) 251-8373

APPLICATION for CONSTRUCTION, REPAIR, MODIFICATION and DESTRUCTION of WELLS

NOTE: THIS IS NOT A PERMIT FOR THE CONSTRUCTION, REPAIR MODIFICATION OR DESTRUCTION OF A WELL. You must go to Lassen County Planning and Building Services at 707 Nevada Street, Susanville, CA 96130, to pay the required fee and obtain your permit.

ASSESSOR'S PARCEL NUMBER	PHYSICAL ADDRESS	PERMIT NUMBER
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To Be Completed By Owner Or Authorized Agent

Permit Expires One (1) Year from Date of Issue

PROPERTY OWNER'S NAME	PROPERTY OWNER'S MAILING ADDRESS	PROPERTY OWNER'S PHONE NUMBER
WELL DRILLER		CONTRACTOR'S LIC. NUMBER
WELL DRILLER MAILING ADDRESS		WELL DRILLER PHONE NUMBER
CONSULTANT FIRM		CONTACT NAME
CONSULTANT FIRM MAILING ADDRESS		CONSULTANT FIRM PHONE NUMBER

TYPE OF WORK	USE	EQUIPMENT	WELL DEPTH
<input type="checkbox"/> New Well <input type="checkbox"/> Repair/Modification <input type="checkbox"/> Destruction	<input type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Test Well <input type="checkbox"/> Irrigation <input type="checkbox"/> Public/Community <input type="checkbox"/> Soil Boring x <input type="checkbox"/> Stock <input type="checkbox"/> Other _ <input type="checkbox"/> Monitoring x _	<input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other	<div>Proposed</div> <div>Actual</div>

CONSTRUCTION SPECIFICATIONS	PROPOSED SEALING ZONE(S)	SEALING METHOD AND MATERIAL
Casing: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _ Diameter _____ Wall/Gauge _____ Borehole Diameter _____ <input type="checkbox"/> Conductor: Diameter _____ Depth _ Gravel Pack: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pit-less Adapter <input type="checkbox"/> Concrete Pedestal	From _____ To _____ Feet From _____ To _____ Feet From _____ To _____ Feet ACTUAL From _____ To _____ Feet From _____ To _____ Feet	Method: <input type="checkbox"/> Pressure/Tremie <input type="checkbox"/> Other _ Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete

PROPOSED PERFORATIONS OF SCREEN	DATE OF WORK	NOTIFICATION REQUIREMENTS
From _____ To _____ Feet From _____ To _____ Feet From _____ To _____ Feet ACTUAL From _____ To _____ Feet From _____ To _____ Feet	Start: _____ Completion: _____	The Lassen County Environmental Health Department requires 24 hours notice prior to the sealing of an annual space, filling of the conductor casing, or destruction of a well. A copy of the Well Completion Report (DWR 188) must be submitted to the LCEHD within 30 days of the completion of work.

THIS APPLICATION MUST BE ACCOMPANIED BY A TO SCALE PLOT PLAN FOR 200 FOOT RADIUS FROM WELL. INCLUDING:
Easements, Other existing wells, Animal enclosures, Access roads, Drainage, Overhead power, Property lines, Sewage disposal systems, Fuel tanks (above or below ground), Water courses, Springs, Creeks, Rivers, etc., Indicate Northerly direction.
(8 ½ X 11 OR 8 ½ X 14 WITH APN WRITTEN ON THE PLOT MAP)

I hereby certify that I have prepared this application and that the installation will be done and inspected in accordance with the Lassen County Ordinances and State Laws.

Signed: _____ Title: _____ Date: _____

DO NOT FILL IN BELOW THIS LINE

NOTE: APPROVAL OF THE HEALTH DEPARTMENT IS NOT A GUARANTEE THAT THE PROPOSED INSTALLATION WILL OPERATE SUCCESSFULLY, BUT MERELY THAT THE SYSTEM MEETS THE MINIMUM REQUIREMENTS OF THE HEALTH DEPARTMENT.

☐ APPROVED ☐ APPROVED WITH CONDITIONS ☐ BACTERIOLOGICAL SAMPLE REQUIRED

Issued By: _____, E.H.S. Date: _____

Final Inspection By: _____, _____ Date: _____ Remarks/Conditions: _____