

LASSEN COUNTY PLANNING AND BUILDING SERVICES DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

707 NEVADA STREET, SUITE 5, SUSANVILLE, CA 96130

▪ Phone: (530) 251-8269

▪ 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. The Lassen County Department of Planning and Building Services will issue a building permit for the proposed application.

ASSESSOR'S PARCEL NUMBER	PHYSICAL ADDRESS	PERMIT NUMBER
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Deed Reference: Book: _____ Page: _____ Year: _____ Doc# _____

To Be Completed By Owner Or Authorized Agent

Permit Expires One (1) Year from Date of Issue

PROPERTY OWNER'S NAME	PROPERTY OWNER'S PHONE NUMBER
PROPERTY OWNER'S MAILING ADDRESS	PROPERTY OWNER'S EMAIL

WELL DRILLER	CONTRACTOR'S LIC. NUMBER
WELL DRILLER'S MAILING ADDRESS	WELL DRILLER'S PHONE NUMBER
	WELL DRILLER'S EMAIL

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"/> Irrigation <input type="checkbox"/> Stock <input type="checkbox"/> Industrial <input type="checkbox"/> Public/Community <input type="checkbox"/> Other _ <input type="checkbox"/> Test Well <input type="checkbox"/> Soil Boring x <input type="checkbox"/> Monitoring x _	<input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other	_____ Proposed _____ Actual

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 Division 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 SITE PLAN SHOWING THE ENTIRETY OF THE LEGAL PARCEL AND THE FOLLOWING:
 location of proposed well, existing/proposed sewage disposal systems, property lines, easements other existing wells, animal enclosures, access roads, overhead power, fuel tanks (above or below ground), drainages, water courses, springs, creeks, rivers, etc. Indicate northerly direction, label adjacent roads, and label distances from the proposed well to all property lines, sewage disposal systems, and buildings.
 See the Department's "Sample Site Plan and Instructions" for further information on site plan requirements.

***Valuation of Project:** _____

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: _____ Date: _____

Print Name: _____

Owner
 Agent (Authorization form or letter attached)
 Contractor

FOR OFFICE USE ONLY

DO NOT FILL IN BELOW THIS LINE

Zoning District: _____

Flood Plain Information: _____

Elevation Certificate required: Yes No

Engineered Plans/Flood Proofing required: Yes No

Plot Plan Adequate

Incremental Development Proposed: Yes No Details: _____

Parcel size (acreage): _____

Parcel Map/Subdivision Map: exclusion areas, designated leach field areas, etc. (attach Map if pertinent): _____

Required Setbacks (if any portion located more that twelve inches above grade): _____

Legal parcel per Subdivision Map Act section 66499.34 and County Code section 12.24.025 Yes No
Details: _____

Other (easements, waste discharge prohibition areas, etc.): _____

Based on the above information, the applicant's/property owner's/contractor's application has been reviewed by the Planning Division and now needs to be reviewed by the Environmental Health Division.

Signature of Authorized Official: _____ Date: _____

Print Name: _____

NOTE: APPROVAL OF THE ENVIRONMENTALHEALTH DIVISION 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: _____