

DEPARTMENT OF RESOURCE MANAGEMENT

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Environmental Health Division

REPORT OF WATER AVAILABILITY FOR WELLS AND SPRINGS

Permit No: _____

SITE ADDRESS:		Parcel Number(s)	
DWR / Owner Well ID number(s)		Nearest Major Cross Street:	
Property Owner:			
Property Owner Mailing Address:		State:	Zip:
Property Owner Phone:		Property Owner e-mail:	
Boring Owner (if different than property owner):			
Boring Owner Mailing Address:		State:	Zip:
Boring Owner Phone:		Boring Owner e-mail:	
Contractor:		CA License No.:	
Contractor's Address:		State:	Zip:
Contractor's Phone:		Contractor's e-mail:	

Proposed Use: Domestic/Private Irrigation/Agricultural Production Well Other: _____

Water Source:	Well	Spring	Test #1	Test #2	Test #3	Test #4
Date of Test:						
		Time – Start of Test:				
		Finish of Test:				
		Total Hours of Test:				
Total Depth of Well (ft): provide Well Completion Report						
Diameter of Well: (inches)						
Static Water Level (SWL) bgs: (Standing water level prior to pumping)						
Pumping Level (PL): (Water level at start of sustained yield measurement)						
Drawdown (DD): (Difference between SWL and PL)						
Recovery Time: (Time required to return from pumping level to static water level)						
Sustained Yield: (GPM) (Continuous water production capability of a well measured over a minimum of a 4-hour test period)						
Pressure (PSI)						

Well/Spring	Pump Make:	Pump Model	Pump Horsepower	Operational Capacity
Testing Pump				
Proposed Operational Pump (if different than testing pump)				

Pump Specifications:

I hereby certify under penalty of perjury, that the data recorded above are true and correct and the above pump test was performed in accordance with the requirements of the Solano County Subdivision Ordinance.

Signature of Drilling or Pumping Contractor

Date

