

DEPARTMENT OF RESOURCE MANAGEMENT

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Environmental Health Division

WELL CONSTRUCTION/REPAIR APPLICATION AND PERMIT FORM
WELL INSPECTION LINE: (707) 784-6765

Copies of e-log or drillers log are required for all water supply wells when scheduling for grout seal inspection.
Report of Water Availability shall be provided prior to placing a new potable water supply well in operation.

FOR OFFICE USE ONLY

Application Received Date:	Total Fee:	Receipt No.:	Permit No.:	
E-Log/Driller Log received <input type="checkbox"/> Y <input type="checkbox"/> N		Comments		
GSA Notified <input type="checkbox"/> Y <input type="checkbox"/> N		Comments		
Grout Seal Inspection Date:	Approval: <input type="checkbox"/> By:	Depth to Water (FT bgs):	Well Depth	Grout Depth:
GPS:				
Well Pump / Cement Slab Inspection Date:	Report of Water Availability Form provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Approval: <input type="checkbox"/> By:	

A - CONTACTS: (please provide contact information for all parties involved in the process)			
SITE ADDRESS:		Parcel Number(s)	
Well No. (s)		Nearest Major Cross Street:	
Well Location / GPS coordinates:			
Property Owner:			
Mailing Address:		State:	Zip:
Phone:	E-mail:		
Well Owner (if different than property owner):			
Mailing Address:		State:	Zip:
Phone:	E-mail:		
Well Contractor:		CA License No.:	
Address:		State:	Zip:
Phone:	E-mail:		
Consultant:		Contact Name:	
Address:		State:	Zip:
Phone:	E-mail:		

B - SETBACKS: A Site Plan must be submitted with each application showing: drilling locations, major streets, roadways, buildings, drainages, existing wells, subsurface utilities, hazardous materials tanks, and sources of contamination within 200 feet of the well site.
Does the proposed well meet all the following setbacks? If not, then a variance is required.
<input type="checkbox"/> 25 feet from property line, <input type="checkbox"/> stream, <input type="checkbox"/> ditch, <input type="checkbox"/> drainage course? <input type="checkbox"/> No
<input type="checkbox"/> 50 feet: sewer line, <input type="checkbox"/> No
<input type="checkbox"/> 100 feet: <input type="checkbox"/> septic tank, <input type="checkbox"/> disposal field, <input type="checkbox"/> deep trench, <input type="checkbox"/> animal enclosure? <input type="checkbox"/> Hazardous materials tanks <input type="checkbox"/> No
<input type="checkbox"/> If a public water supply well is proposed, is the well 150 feet from septic tank and disposal fields? <input type="checkbox"/> No

C - TYPE OF WORK: Please check the type of work proposed. (California C-57 License required)
 Note if proposed work only includes borings or well destruction, use separate forms.
 New Well Construction (complete sections E through I); **Well Repair/Reconstruction** (complete sections D, E, H & I)

D - WELL REPAIR/RECONSTRUCTION: (Attach Well completion log for all well repair/reconstruction)

Well repair/reconstruction: (describe): _____
 Vault box repair (describe): _____
 Cement Slab repair/Installation; Describe proposed work and slab dimension _____
 Other repair/replacement: (describe): _____

E – EXISTING WATER SUPPLY WELL: (Provide information for all existing water supply well(s) on site

Are there existing Water Supply well(s) on site? No (skip to section F) Yes, if Yes, then complete the following section:

Existing Water Supply Well Information

Number of Existing Wells on Site _____ (Show existing wells on the Site Plan)
 Identify the following information for each existing water supply well on site:

Year Installed	Distance from proposed well (ft)	DWR Well Log No. (if known). (provide logs)	Well use	Well Casing Diameter (in)	Operational Pump (optional)	
					Make/Model	HP/Capacity/Depth well is set

Comments _____

F – NEW WELL CONSTRUCTION: (Provide information for each proposed well)

Water Supply Well(s) Please check and complete all that applies:

<input type="checkbox"/> Domestic No. of Wells _____ No. of connections: _____ A Report of Water Availability (Supplement Form) shall be provided for all new potable water supply wells prior to placing into operation. Is property served by public water system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify Water System: _____ _____ (Describe backflow prevention device)	<input type="checkbox"/> Irrigation/Ag. No. of Wells _____ Is property served by public water system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify Water System: _____ _____ (Describe backflow prevention device) Optional: Acreage proposed for irrigation: _____ Est. water demand per acre: _____ Crop proposed: <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent _____ (Describe crop type)	<input type="checkbox"/> Municipal / Industrial No. of wells: _____ _____ (Name of Public Water System) A Report of Water Availability (Supplement Form) shall be provided for all new potable water supply wells located in the unincorporated area of the County prior to placing into operation.
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Other Well Type (Non-Production Well)	Number of Wells	Is this permit for an Environmental Site Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Monitoring or Extraction (groundwater or vapor)		If yes, Identify purpose &/or lead agency: _____ _____
<input type="checkbox"/> Cathodic Protection:		
<input type="checkbox"/> Geothermal/heat exchange		
<input type="checkbox"/> Other:		

G – WELL CONSTRUCTION SPECIFICATIONS: (Include more pages, as needed)							
Drilling Method:							
<input type="checkbox"/> Mud rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Auger <input type="checkbox"/> Driven <input type="checkbox"/> Other: _____							
Well Const.	Length (ft)	From	To	Diameter	Material	Type/Gauge	Slot Size
Conductor							NA
Blank Casing							NA
Screen Casing							
Annual Seals						NA	NA
Gravel Pack						NA	NA
Multiple Completion (Include diagram)					Drilling Fluid:		

H – WORKERS COMPENSATION DECLARATION: (Required)
<p>I affirm that I have a certificate of consent to self-insure or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.) _____ Certified copy is hereby furnished. _____ Certified copy is filed with the Solano County Environmental Health Division. (Check which applies)</p> <p>Date _____ Applicant _____</p>
<p>CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE: (This section need not be completed if the permit is for work valued at five hundred dollars (\$500) or less.) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.</p> <p>Date _____ Applicant _____</p> <p>NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.</p>

I – CERTIFICATION: (Required)		
<p>I will comply with all Codes, Rules and Regulations of the State and County pertaining to or regulating wells and pumps. I will submit an e-log, drillers log or boring log when scheduling a grout seal inspection and call (707) 784-6765. I will submit a "Well Completion Report" (if required) within 60 days of the completion of my work and provide a Report of Water Availability for Wells and Springs for any new domestic water supply well prior to placing in service. I will provide a copy of any sampling data for environmental work and domestic water supply wells prior to placing a well in service or within 60 days of completion of the work.</p> <p>PERMIT EXPIRES ONE (1) YEAR AFTER DATE APPROVED. PERMIT IS NONTRANSFERABLE.</p>		
Signature: _____	<input type="checkbox"/> Property Owner <input type="checkbox"/> Well Owner (if not property owner, requires authorization form) <input type="checkbox"/> Well Contractor (requires authorization form) <input type="checkbox"/> Agent (requires authorization form)	
Printed Name: _____		
Company: _____		
Mailing Address: _____		
	State: _____	Zip: _____
Phone: _____	E-mail: _____	