



WELL PERMIT APPLICATION

MONO COUNTY HEALTH DEPARTMENT

P.O. Box 476, Bridgeport CA 93517 (760) 932-5580, (760) 932-5284 (fax)

P.O. Box 3329, Mammoth Lakes CA 93546 (760) 924-1830, (760) 924-1831 (fax)

Please complete this application to the thick black line below and return it to either of the Health Department offices listed above.
Include the applicable permit fee and a complete site plan showing the well location.

PROPERTY INFORMATION:

Property Owner _____ Telephone _____ Email _____
Mailing Address _____ City _____ State _____ Zip _____
Assessor's Parcel Number _____ Property Location _____

WELL DRILLER INFORMATION:

Well Drilling Company _____ Cont. License Number _____
Telephone _____ Email _____
Business Address _____ City _____ State _____ Zip _____

WELL INFORMATION: New well _____ Repair/Modification _____ Destruction _____ Proposed Depth _____ (feet)

Casing Diameter _____ (inches) Casing Material _____

USE: Domestic _____ Irrigation _____ Industrial _____ Test Well _____ Municipal _____ Other _____

EQUIPMENT: Rotary _____ Cable Tool _____ Other _____

PROPOSED SEALING ZONES:

From _____ to _____ Feet
From _____ to _____ Feet
From _____ to _____ Feet

SEALING MATERIAL:

Neat Cement _____
Cement Grout _____
Bentonite Clay _____
Concrete _____

PROPOSED PERFORATIONS OR SCREEN:

From _____ to _____ Feet
From _____ to _____ Feet
From _____ to _____ Feet
From _____ to _____ Feet

METHOD OF SEALING: Pressure sealed by pumping: Yes _____ No _____

DATE OF WORK: Start _____ Completion _____

I hereby agree to comply with all regulations of the Mono County Health Department and with all ordinances and laws of the County of Mono and State of California pertaining to well construction, repair, modification, and destruction. Immediately upon completion of work, I will furnish the Mono County Health Department with a complete and accurate Well Completion Report of the well.

PROPERTY OWNER'S SIGNATURE _____ **DATE:** _____

WELL DRILLER'S SIGNATURE _____ **DATE:** _____

WELL PERMIT NO. _____

(Valid for twelve (12) Months from Date of Issue)

VERIFICATION OF CONTRACTOR'S LICENSE _____ \$ _____ **FEE PAID ON** _____ **REC #** _____

This certifies that permission is hereby granted to _____ to construct the above well, in accordance with this application and attached conditions.

By: _____
Environmental Health Specialist Date

CERTIFICATE OF COMPLETION: _____
Environmental Health Specialist Date

(WHEN SIGNED BY THE ENVIRONMENTAL HEALTH SPECIALIST, THIS APPLICATION IS A PERMIT)