



## COUNTY OF LAKE

### HEALTH SERVICES DEPARTMENT

Division of Environmental Health

Lakeport:

922 Bevins Court, Lakeport, CA 95453-9739  
Telephone 707/ 263-1164 FAX: 263-1681

**Jonathan Portney**  
Health Services Director

**Jennifer Baker**  
Deputy Health Services Director

**Erik McLaughlin, MD, MPH**  
Public Health Officer

**Craig Wetherbee**  
Environmental Health Director

### Well permit application instructions:

Environmental Health will not accept any faxed or emailed well permit applications to be issued; they must be an original with a **wet** well driller's signature

Environmental Health will be checking the well driller's signature against the personnel list on the Contractor License. If the name and signature **are not** on the personnel list and they are a designated person to sign well permits, we must have a letter from the well driller or an officer of the corporation stating this person has been authorized to sign well permits.

All well permits must have a map, either use the one provided or provide your own.

The well clearance form **only** needs to be completed by the owner for Domestic, Public or Agriculture well permits.



LAKE COUNTY HEALTH SERVICES DEPARTMENT  
 ENVIRONMENTAL HEALTH DIVISION  
 922 BEVINS COURT, LAKEPORT, CA 95453  
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**WELL PERMIT APPLICATION**

**SEE LAKE COUNTY ORDINANCE NO. 1823 FOR WELL CONSTRUCTION, DESTRUCTION & REPAIR REQUIREMENTS**

JOB LOCATION ADDRESS: \_\_\_\_\_  
 Assessor's Parcel Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ City: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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WELL DRILLER: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 CA C-57 License Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Well Driller Print Name: \_\_\_\_\_ I HEREBY AFFIRM UNDER PENALTY OF PERJURY that I am licensed under the provisions of Chapter 9 of Division 3 of the Business and Professions Code, and my license is in full force and effect.  
 WELL DRILLER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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TYPE OF WORK:     New Well             Reconstruction             Destruction             Test Well  
                           Soil Boring/Hydropunch             Other: \_\_\_\_\_

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PROPOSED USE:     Domestic             Public             Monitoring             Agriculture  
                           Test Well             Other: \_\_\_\_\_

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CONSTRUCTION:     Cable Tool             Mud Rotary             Air Rotary             Other: \_\_\_\_\_  
 Casing Type & Standard: \_\_\_\_\_ Wall Thickness: \_\_\_\_\_ Diameter: \_\_\_\_\_  
 Proposed Depth of Seal: \_\_\_\_\_ Bore Hole Diameter: \_\_\_\_\_ Variance: \_\_\_\_\_

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SEAL MATERIAL:     Concrete             Bentonite Clay             Sand-Cement Grout  
                           Neat Cement             Other: \_\_\_\_\_

**PLEASE COMPLETE ALL ATTACHMENTS**  
**THIS PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUANCE**  
 Drillers please provide a minimum of 12-hour notice prior to sealing the annular space.

**FOR OFFICE USE ONLY**

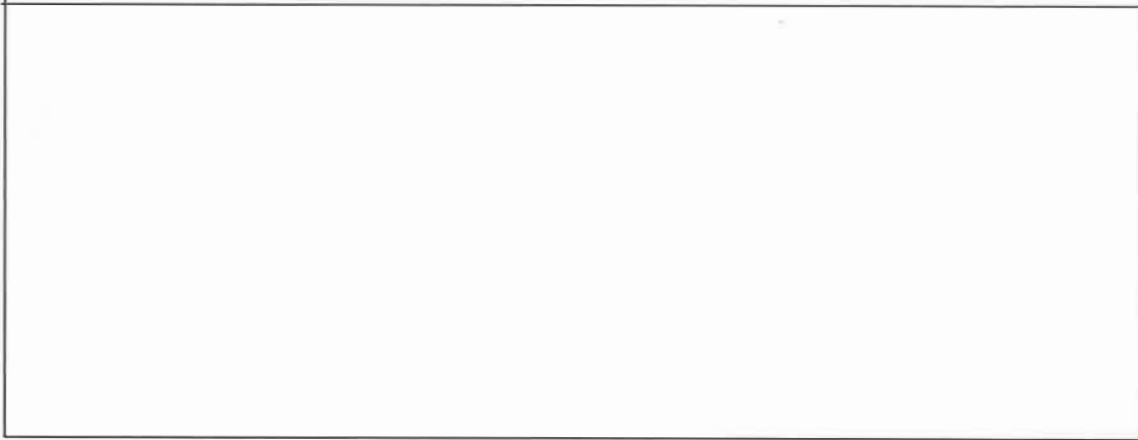
Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
 Well Driller License # Verified By: \_\_\_\_\_  
 100 Year Flood Plain?     No     Yes    Zone: \_\_\_\_\_ Elevation: \_\_\_\_\_  
 Water Resources: \_\_\_\_\_ Minimum Casing Height:  $\geq$  One foot above the elevation of the 100-year flood plain elevation or above any known condition of flooding by drainage or runoff from the surrounding land.  
 Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

Site #1 Seal Depth: \_\_\_\_\_ -- \_\_\_\_\_ Feet Total Feet Below Ground Surface: \_\_\_\_\_  Well     Boring  
 Site #2 Seal Depth: \_\_\_\_\_ -- \_\_\_\_\_ Feet Total Feet Below Ground Surface: \_\_\_\_\_  Destruct     Boring  
 Site #3 Seal Depth: \_\_\_\_\_ -- \_\_\_\_\_ Feet Total Feet Below Ground Surface: \_\_\_\_\_  Destruct     Boring  
 Annular Seal Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Destruction Verified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Well Completion Report (Well Log) Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

**WELL PERMIT NUMBER: \_\_\_\_\_**

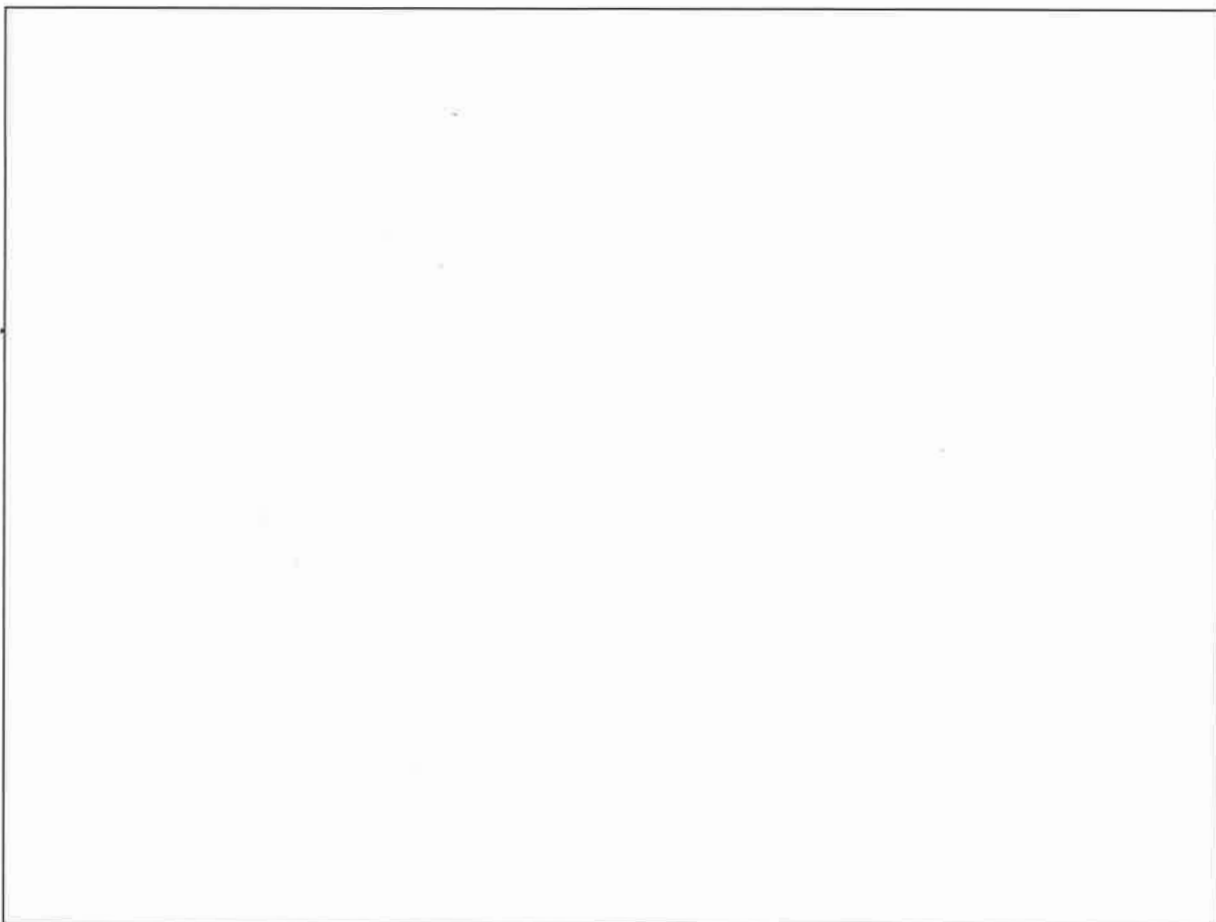
## LOCATION MAP

DIRECTIONS (Please include mile post markers, landmarks, nearest cross street, etc.):



### **DRAW TO SCALE ANY OF THE FOLLOWING WITHIN 200 FEET OF THE WELL.**

1. Well/wells existing and proposed
2. Property lines
3. Easements or roads
4. All existing and proposed sewage disposal systems within 100 feet, adjacent parcels included.
5. Any facilities or piping designed to carry or hold sewage.
6. Any storage or mixing area which involves Hazardous materials
- 7 Any structures
8. North/South Arrow
9. Show road or street with name/reference point
10. Photo Map if available
11. <http://gispublic.co.lake.ca.us/flexviewer/index.html>-highlight and paste in internet search box



DRAWN TO THE SCALE OF \_\_\_\_\_



# COUNTY OF LAKE

**Community Development Department  
Planning Division**

255 N. Forbes, Courthouse – Third Floor  
Lakeport Office (707) 263-2221 FAX 263-2225

## WELL CLEARANCE

APN #: \_\_\_\_\_

I hereby acknowledge that this permit does not constitute a permit or grant of approval for development as defined by Sections 66418.1 and 66419 of the Subdivision Map Act. The property on which this well is to be located may not be considered a legal lot of record as defined by the Subdivision Map Act or Lake County Subdivision Ordinance.

\_\_\_\_\_  
**Property Owner Signature**

\_\_\_\_\_  
**Property Owner Printed**

DATE: \_\_\_\_\_



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prevent.promote.protect.

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# NOTICE

## EFFECTIVE DATE 7/9/2020

### Environmental Health Land Program Refund Policy

1. Refund requests must be submitted in writing, using form RF-001.
2. Refund requests are subject to 10% retention of the permit or service fee.
3. Refund requests are subject to 50% retention of the permit or service fee if an inspection has been performed.
4. Permits can be renewed **BEFORE** the expiration date and will be extended for another year (expiring two years from original date of issuance).
5. Expired permits are non-refundable.
6. Applications / unissued permits expire after one year.

**Any customer requesting a refund must complete the Refund Request Form (Form RF-001).**

*Promoting an Optimal State of Wellness in Lake County*