



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

Denise Pomeroy
Health Services Director

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
 PHONE: (707) 263-1164 FAX: (707) 263-1681

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: _____

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: _____

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

PROPOSED USE: Domestic Public Monitoring Agriculture
 Test Well Other: _____

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

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

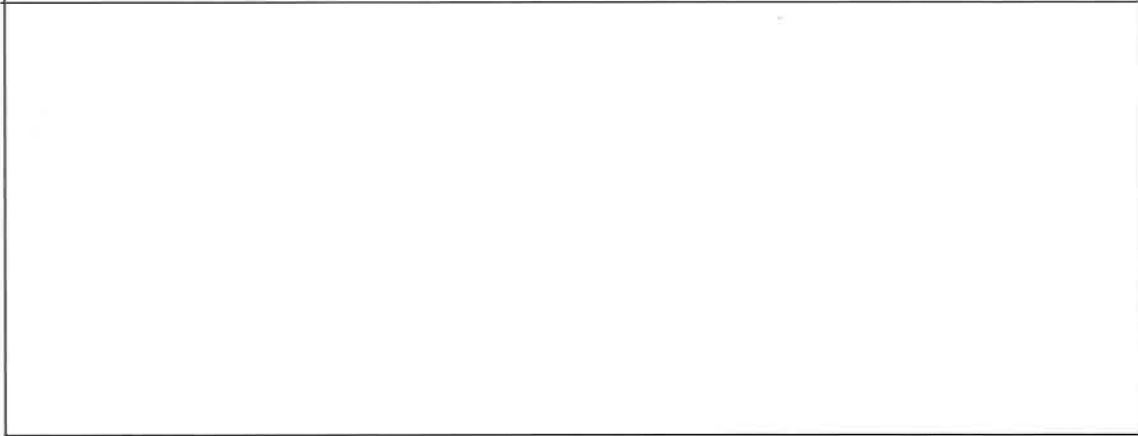
Date Received: _____ Fee Paid: _____ Receipt Number: _____
 Well Driller License # Verified By: _____
 100 Year Flood Plain? No Yes Zone: _____ Elevation: _____
 Water Resources: _____ Minimum Casing Height: \geq One foot above the elevation of the 100-year flood plain elevation or above any known condition 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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COUNTY OF LAKE
HEALTH SERVICES
prevent.promote.protect.

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Health Officer

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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