



**CONTRA COSTA COUNTY  
ENVIRONMENTAL HEALTH DIVISION**

2120 DIAMOND BOULEVARD, SUITE 100  
CONCORD CA 94520  
Phone (925) 608-5500 Fax (925) 608-5502 www.cchealth.org/eh



**WELL PERMIT APPLICATION**

APPLICATION FEE IS NON-REFUNDABLE (SERVICE FEES ARE ADDITIONAL REFER TO FEE SCHEDULE)  
ONE APPLICATION PER WELL

**TYPE OF WORK:**

- Domestic Water well (69)     Well Destruction (68)     Dewatering Well (51) # of \_\_\_\_  
 Monitoring well (65)     Piezometer w/ casing (67)     Public/Small Water System Well (63)     Industrial Well (73)  
 Well Reconstruction (69)     Flow Test (99)     Agricultural/Irrigation Well (72)     Other \_\_\_\_\_

**SEWAGE DISPOSAL:**

- Septic System  
 Sewer System

PLEASE PRINT CLEARLY. \* REQUIRED FIELD MUST BE COMPLETED (Attach plot plan and safety plan, as needed)

|   |   |                                  |                    |
|---|---|----------------------------------|--------------------|
| <b>LEGAL OWNER INFORMATION</b>  | *Legal Owner:                               |                                  |                    |
|   | *Address:                                   |                                  | Phone Number:      |
|   | *City:                                      | State:                           | Zip code:          |
|   | *Billing Address (if different from above): |                                  |                    |
| <b>SITE INFORMATION</b>   | *Name (if different from owner address):    |                                  |                    |
|   | *Address (if different from owner address): |                                  |                    |
|   | *Assessor's Parcel Number:                  | Subdivision/Minor Subdivision #: | Lot/Parcel Number: |
|   | *On-site Contact Name:                      | *On-site Contact Cell Number:    |                    |
| <b>LICENSED DRILLER INFORMATION</b>   |   |                                  |                    |
| *Business Name:   |   | *C-57 License Number:            | *Business Phone:   |
| *Mailing Address:   |   | *Email Address:                  | *Fax Number:       |
| <b>CONSULTANT/ENGINEER INFORMATION</b>  |   |                                  |                    |
| *Business Name:   |   | *Business Phone:                 | *Fax Number:       |
| *Mailing Address:   |   | Email Address:                   |                    |
| <b>*CONSTRUCTION/DESTRUCTION SPECIFICATIONS*</b>  |   |                                  |                    |
| Well Casing Diameter  | Casing Material                             | Gauge                            |                    |
| Annular Seal Depth **   | Borehole Diameter                           | Boring Depth (b.g.s.)            |                    |
| Annular Seal Thickness  | Gravel/Sand packed                          | Conductor Casing                 |                    |
| Conductor Casing Depth  | Method of Drilling/Destruction/Other:       |                                  |                    |
| Type of Material for annular seal/destruction (specify mix or product):   |   |                                  |                    |
| <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Cement   ** (Bentonite chips for transition seal only)**  |   |                                  |                    |
| <input type="checkbox"/> VARIANCE REQUIRED – attach Variance form with fee. One form per job. **<br>Required for water well and monitoring well annular seals that are less than 50 feet and 10 feet below ground surface (b.g.s.), respectively. |   |                                  |                    |
| <input type="checkbox"/> PLOT MAP <input type="checkbox"/> HEALTH & SAFETY PLAN <input type="checkbox"/> ENCROACHMENT PERMIT (If in right of way) <input type="checkbox"/> RIGHT OF ACCESS AGREEMENT  |   |                                  |                    |

**PERFORMANCE BOND REQUIREMENT:** Contra Costa County Ordinance, Title 4 Health and Safety, Article 414-4.10; Section 414-4.1023(a) Prior to the issuance of a permit, the applicant shall post with the health officer a cash deposit or bond guaranteeing compliance with the terms of this chapter and the applicable permit, such bond to be in an amount deemed necessary by the health officer to remedy improper work but not in excess of five thousand dollars.

I hereby certify that the above information and submitted plans are true and correct and that the proposed work will comply with all permit conditions and applicable laws and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit and plans at the job site until final approval, and obtain written authorization prior to deviating from the approved permit or plans, or placing the well in service. The issuance of this permit by Contra Costa Environmental Health Division does not guarantee a satisfactory and an indefinite operation of any well system.

\_\_\_\_\_  
Signature of C-57 Licensed Driller

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

|                |                 |                                     |       |  |       |             |
|----------------|-----------------|-------------------------------------|-------|--|-------|-------------|
| FA #:          | PR #            | P/E: <b>43</b>                      | CT #: | DATE RECEIVED:   | REHS: | SUPERVISOR: |
| AMOUNT DUE: \$ | AMOUNT PAID: \$ | CHECK #:                            | CASH  | CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA | XR    |             |
| INITIAL:       | DATE APPROVED:  | <input type="checkbox"/> CONDITIONS |       |  |       |             |