

SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT

ENVIRONMENTAL HEALTH DIVISION

1855 PLACER STREET, SUITE 201, REDDING, ca 96001 Telephone (530) 225-5787 FAX (530) 225-5413

Fee \$255.64

BP # _____

APPLICATION FOR WATER WELL PERMIT

WTR _____

Applicant (must be licensed contractor or property owner.)

Name
Mailing Address
City, State, Zip Code
Telephone

LOCATION OF PROPERTY

Street or Road
Assessor's Parcel Number

LOT SIZE _____ x _____ or acreage _____

PROPERTY OWNER

Name
Mailing Address
City, State, Zip Code
Telephone

TYPE OF WORK

New Well Deepening Destroying Reconditioning

PROPOSED USE

Domestic20 foot minimum
Agricultural20 foot minimum
Industrial50 foot minimum
Public50 foot minimum
MonitoringVaries, attach schematic
OtherVaries, attach schematic

* REQUIRED ANNULAR SEAL DEPTH

* Alternate seal depth may be required by site conditions or as noted in conditions below. Minimum thickness of annular space seal is 2 inches.

Well Contractor
Name
Mailing Address
City, State, Zip Code
Telephone
License #

PLOT PLAN is to be submitted on 8 1/2 x 11 sheet according to the attached instructions and show all requested information.

DIRECTIONS TO LOCATE PROPERTY are to be provided on back of this application or the back of the plot plan. Directions must be adequate for staff to locate property.

WELL NUMBER (if applicable:)

SIGNATURE OF CONTRACTOR (if applicant is contractor)
I certify that I am licensed under the provisions of Division 3, Chapter 9 of the Business and Professions Code, and my license is in full force and effect.
License # _____
I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction.
SIGNATURE OF CONTRACTOR DATE

SIGNATURE OF OWNER (required on all applications)
I certify that I have read this application and the above information is correct. I agree to comply with all Shasta County Ordinances and State Laws relating to this construction, and hereby authorize representatives of SHASTA COUNTY to enter the property for inspection purposes.

By signing this application I agree to defend, indemnify, and hold the county harmless from any claim, action, or proceeding brought to attack, set aside, void or annul the county's approval of this application.

I understand that the Shasta County Department of Resource Management, in releasing this permit for the immediate construction of a water well does not guarantee the issuance of any other development permits or land use request for this property.

SIGNATURE OF OWNER DATE

Received by _____ Date _____ Fee \$ _____ Receipt # _____

Granted by _____ with the following and any attached conditions. Date _____

Permission is hereby granted for the above well work in accordance with all State and County laws and standards as provided in Shasta County Code, Sections 8.56.010 and any conditions as set forth in this permit.

Well is to be located a minimum of 50 feet from any sewer, septic tank, or pit privy and a minimum of 100 feet from any structure of facility design to allow sewage to percolate into the ground. This permit is subject to the attached conditions if box is marked.

Final inspection by _____ Date _____

Inspection Notes: _____

Completion Notice Received: Date _____ Well Depth _____ Casing Depth _____ Estimated g.p.m. _____