

# Water Well Application and Instructions

July 21, 2015  
 Santa Barbara County  
 Board of Supervisors

**Santa Barbara County**  
**PUBLIC Health**  
 DEPARTMENT

Environmental Health Services  
 225 Carrizo del Mar, Santa Barbara, CA 93110 • (805) 681-4900  
 2125 S. Carpinteria Pkwy., #233 • Santa Maria, CA 93455-1340 • (805) 340-6400

**WATER WELL PERMIT APPLICATION**

**Type of Permit (Please check the appropriate box below)**

<input type="checkbox"/> Construction	\$740 (3 hrs.) * [4669]	New or Replacement well.
<input type="checkbox"/> Modification	\$740 (3 hrs.) * [4669]	Includes the deepening of a well, reaperforation, sealing or replacement of well casing.
<input type="checkbox"/> Destruction	\$495 (2 hrs.) * [4668]	Abandonment: The complete filling of a well.

**FOR OFFICE USE ONLY**  
 Rec'd Date: \_\_\_\_\_  
 Rec'd By: \_\_\_\_\_  
 WP #: \_\_\_\_\_  
 District #: \_\_\_\_\_

\* An hourly fee of \$136 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid.

**Required Attachments:** Plot plan indicating the location of the well with respect to the following items:  
 Property lines.  Animal or fowl enclosure, pens, paddocks, stockyards within a 100 foot radius of proposed well site.  
 Drainage pattern of the property.  Sewage disposal system or works carrying or containing sewage or industrial wastes within a 200 foot radius of the proposed well.  
 Access roads and easements (water, sewer, utility, roadway).  All perennial, seasonal, natural, or artificial water bodies or watercourses, including location of 100 year floodplain, if applicable.  
 Existing and/or proposed structures.  Also Required: the Supplemental Form on page 3, completed in full.  
 Existing wells within a 100 foot radius of the proposed well.

**OWNER INFO:**  
 Well Owner Name (Required): \_\_\_\_\_ Primary Phone (\_\_\_\_\_) \_\_\_\_\_  
 Owner Mailing Address: \_\_\_\_\_ Street Number and Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Complete this section if APPLICANT is other than Well Owner**  
 Applicant Project Coordinator Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Street Number and Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**WELL LOCATION INFO:**  
 Well Location Address: \_\_\_\_\_ Street Number and Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Cross Street (or other information defining the Well location, if applicable): \_\_\_\_\_  
 Assessor's Parcel Number (APN): \_\_\_\_\_ Longitude: \_\_\_\_\_ Latitude: \_\_\_\_\_ Elevation: \_\_\_\_\_  
 A. Is parcel located within the service area of a public water system?  No  Yes (Identify) \_\_\_\_\_  
 A-1. If you answered Yes to question A: Are you connected to the Public Water System (i.e., do you have a meter)?  No  Yes \_\_\_\_\_  
 A-2. If you answered No to the question A-1: Is public water service available?  No  Yes \_\_\_\_\_

Proposed Depth _____ ft.	Casing Information
Well Bore Diam. _____ in.	Type: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____
Sealing Material (Check):	Well Group _____ in. Diameter _____ in. Annular Seal Depth _____ ft.
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Clay	Additional Well Descriptions: _____
<input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete	

Note: A minimum 30 ft. annular seal is required for all wells.

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## Procedures for Completing a Water Well Permit Application

Permit application is for the construction, modification, installation and destruction of a well as defined and regulated by the County Well Standards Ordinance. A copy of the Ordinance is available from the EHS office upon request.

**APPLICATION**  
 Completed application for a Water Well Permit. Please fill in all the blanks. An application may result in denial or delay in processing. The application must be submitted and accompanied by the proper fee at the time of submittal.

**NOTICE OF PLAN**  
 A notice of plan is provided as part of your Water Well Permit application. The top of the plot plan items that must be shown on the plan. All setback distances from the proposed well site to be accurately depicted with proper measurements.

**PERMIT EVALUATION**  
 Upon submittal of an application and fee, an Environmental Health Services representative will review the application to ensure its completeness and conduct a site inspection of a proposed water well site. Often times, due to the remote or unknown location of a well site, a joint inspection with the property owner or owner's agent will be required. If a joint inspection is not possible, the proposed well site must be conspicuously marked with flagging stakes or poles. In the event that the first proposed well site is not suitable, the applicant may wish to designate some alternative well sites on the plan. Early selection of some alternative sites allows for these sites to also be inspected during the initial site inspection, thereby eliminating unnecessary repeat trips to the well site for the application.

**PERMIT ISSUANCE**  
 Once the application and proposed well site is determined to be satisfactory, the application is approved and signed on the reverse side by the Environmental Health Services representative, this application shall be considered a permit to perform the proposed well. If the proposed well is located in the Coastal Zone, a Coastal Zone approval for construction is required.



# Background Summary

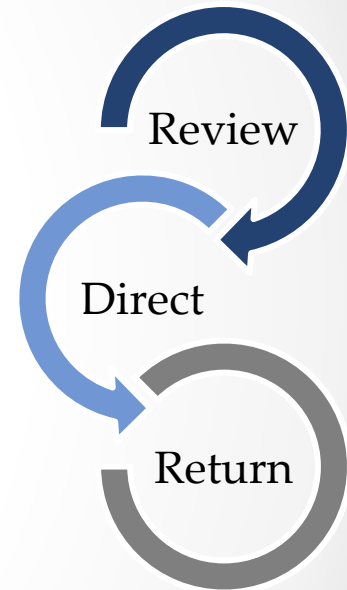
## Background

New  
Application

New  
Instructions

Q & A

- Hearing on *March 17, 2015* for direction regarding Montecito's well permit moratorium.
- Hearing resulted in requested changes to Environmental Health Services' Application Form and Instruction Sheet.
- Board directed EHS to bring back Application and Instructions to a Public Hearing on the Departmental Agenda





# New Application

Background

New Application

New Instructions

Q & A

**Santa Barbara County**  
**Public Health DEPARTMENT**  
**Environmental Health Services**  
225 Camino del Remedio, Santa Barbara, CA 93110 • (805) 461-4900  
2125 S. Centerpointe Pkwy., #233 • Santa Maria, CA 93455-1340 • (805) 345-8460

**WATER WELL PERMIT APPLICATION**

Type of Permit (Please check the appropriate box below)

<input type="checkbox"/> Construction	\$740 (3 hrs.) * [4669]	New or Replacement well.	<b>FOR OFFICE USE ONLY</b>
<input type="checkbox"/> Modification	\$740 (3 hrs.) * [4669]	Includes the deepening of a well, reoperation, sealing or replacement of well casing.	Re: d' Date: _____
<input type="checkbox"/> Destruction	\$495 (2 hrs.) * [4668]	Abandonment. The complete filling of a well.	Re: d' By: _____
			WP # _____
			District # _____

\* An hourly fee of \$136 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid.

**Required Attachments:** Plot plan indicating the location of the well with respect to the following items:

- Property lines
- Drainage pattern of the property.
- Access roads and easements (water, sewer, utility, roadway).
- Existing and/or proposed structures.
- Existing wells within a 100 foot radius of the proposed well.
- Annual or final enclosure, pens, paddocks, stockyards within a 100 foot radius of proposed well site
- Sewage disposal systems or works carrying or containing sewage or industrial wastes within a 200 foot radius of the proposed well.
- All perennial, seasonal, natural, or artificial water bodies or watercourses, including location of 100 year floodplain, if applicable.
- Also Required: the Supplemental Form on page 3, completed in full.

**OWNER Info:**  
Well Owner Name (Required): \_\_\_\_\_ Primary Phone ( ) \_\_\_\_\_  
Owner Mailing Address: \_\_\_\_\_ Street Number and Name \_\_\_\_\_ City \_\_\_\_\_ State/Zip Code \_\_\_\_\_

**Complete this section if APPLICANT is other than Well Owner**  
Applicant/Project Coordinator Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Street Number and Name \_\_\_\_\_ City \_\_\_\_\_ State /Zip Code \_\_\_\_\_  
Primary Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**WELL Location Info:**  
Well Location Address: \_\_\_\_\_ Street Number and Name \_\_\_\_\_ City \_\_\_\_\_ State /Zip Code \_\_\_\_\_  
Cross Street (or other information defining the Well location, if applicable): \_\_\_\_\_  
Assessor's Parcel Number (APN): \_\_\_\_\_ Longitude: \_\_\_\_\_ Latitude: \_\_\_\_\_ Elevation: \_\_\_\_\_

A. Is parcel located within the service area of a public water system?  No  Yes (Identify)  
A-1. If you answered Yes to question A: Are you connected to the Public Water System (i.e., do you have a meter)?  No  Yes  
A-2. If you answered No to the question A-1: Is public water service available?  No  Yes

**Casing Information**  
Proposed Depth \_\_\_\_\_ ft.  
Well Bore Diam. \_\_\_\_\_ in.  
Sealing Material (Check):  Steel  PVC  Other \_\_\_\_\_  
Wall / Gauge \_\_\_\_\_ in. Diameter \_\_\_\_\_ in. Annular Seal Depth \_\_\_\_\_ ft.  
 Neat Cement  Clay  
 Cement Grout  Concrete  
Additional Work Description: \_\_\_\_\_  
Note: A minimum 50 ft annular seal is required for all wells.

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**Water Well Application Supplemental Information**

**General:**  
If application is for Modification to an existing well, state the nature of modification:  
 Deepening  Sealing of well casing  
 Reoperation  Replacement of well casing

**Intended Well Use: (check all that apply)**  
Check the well type from the list below.  
 Irrigation  Irrigation and Domestic\*  Domestic\* Only  
\* Indicate type of Domestic use:  Single Parcel  Multi-Parcel  State Small  Public  
What is the anticipated approximate water production (acre feet per year) for the proposed well?:  <2,  2-10,  >10

**Intended Water Use:**  
Do you intend to export any water off of the property?  No  Yes  
What other water sources are available on the property?  Public  Private  None

**Site Information:**  
Are there other wells on the property?  No  Yes If yes, how many? \_\_\_\_\_  
Well size of the proposed well location? \_\_\_\_\_ acres  square feet  (check one)  
Property Zoning Designation?  
 AG II  Residential  Commercial  Industrial  Recreational  
Well location within the Coastal Zone?  No  Yes  
Ground Water Basin is the proposed well located? (check the box above the appropriate column)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basins	Santa Ynez River Watershed	North Coastal Groundwater Basins	Cuyama Groundwater Basin
	Santa Ynez Uplands Santa Ynez Alluvial Buellton Uplands Lompoc Groundwater Basins	San Antonio Santa Maria	

**NOTE:**  
I understand that this permit is only for the well construction, modification or destruction identified on this application.  
I have read and understand that other permits may be required, including (but not limited to): land use; electrical; grading; waste discharge; etc.  
I understand that failure to obtain other County required permits may result in the denial or revocation of this Well Permit.

Applicant/Owner (Print Name) \_\_\_\_\_ Applicant/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_  
8/15/ \_\_\_\_\_ Page 3 of 3

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I hereby agree to comply with all regulations of the County of Santa Barbara pertaining to well construction, repair, modification, destruction and inactivation. The property owner, well driller, or agent will furnish Environmental Health Services a copy of a completed well log upon completion of well construction.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I hereby authorize representatives of Environmental Health Services to enter the premises for the purpose of inspecting the site and work described herein for compliance with county requirements.

**REQUIRED INSPECTIONS/FINAL CLEARANCE:** After permit approval, and prior to covering any components, an inspection must be scheduled directly with the approving Environmental Health Specialist at least two (2) business days in advance for:

- ✓ The sealing of the annular space on a well;
- ✓ The destruction of wells;
- ✓ Any operation stipulated on the permit to address special or unusual conditions.
- ✓ Receipt of driller's well log.

Signed \_\_\_\_\_ Applicant (Print Name) \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION DISPOSITION:**  Approved  Denied

Signed \_\_\_\_\_ Environmental Health Specialist \_\_\_\_\_ Date \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**  
Fixed Fee Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_ Amt \$ \_\_\_\_\_ Credit Card  Check/Receipt/Trans. No. \_\_\_\_\_  
Date plans resubmitted (1) \_\_\_\_\_ (2) \_\_\_\_\_ (2) \_\_\_\_\_  
Permit Conditions: \_\_\_\_\_  
Final Construction Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Final Clearance by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Copy Required at Assessor's Office  Copy Required at Water District Office

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# Instructions to Applicants

Background

New Application

New Instructions

Q & A

## Procedures for Completing a Water Well Permit Application

The attached permit application is for the construction, modification, inactivation and destruction of **water wells** as defined and regulated by the County Well Standards Ordinance. A copy of this ordinance is available from the EHS office upon request.

### STEP 1 – APPLICATION

Submit a completed application for a Water Well Permit. Please fill in all the blanks. An incomplete application may result in denial or delay in processing. The application must be signed, dated, and accompanied by the proper fee at the time of submittal.

### STEP 2 – PLOT PLAN

A plot plan form is provided as part of your Water Well Permit application. The top of the plot plan lists those items that must be shown on the plan. All setback distances from the proposed well site(s) need to be accurately depicted with proper measurements.

### STEP 3 – SITE EVALUATION

Following the submittal of an application and fee, an Environmental Health Services representative will review the application to ensure its completeness and conduct a site inspection of the proposed water well site. Often times, due to the remote or unknown location of the intended well site, a joint inspection with the property owner or owner's agent will be necessary. If a joint inspection is not possible, the proposed well site must be conspicuously marked (i.e. with flagged stake or pole). In the event that the first proposed well site is not acceptable or utilized, the applicant may wish to designate some alternative well sites on the application plot plan. Early selection of some alternative sites allows for these sites to also be evaluated during the initial site inspection, thereby eliminating unnecessary repeat trips to the site and inefficiencies in processing the application.

### STEP 4 – PERMIT ISSUANCE

Once the application and proposed well site is determined to be satisfactory, the application may be approved. When approved and signed on the reverse side by the Environmental Health Services representative, this application shall be considered a permit to perform the proposed work. Note: Wells proposed that will be located in the Coastal Zone require a Coastal Zone permit prior to approval for construction.

EHS 46-1a (Rev. 6/22/15)

### Well Permit Application Plot Plan (Scale 3/4" Block = 20 ft.)

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

exact location of the proposed well with respect to the following items within 200 ft. of the proposed well: access roads and easements; existing/proposed structures (surface and subsurface); existing wells; existing, hazardous, solid waste systems, works or tanks; petroleum product system works or tanks; animal waste storage areas; agricultural operations; watercourses; 100-yr flood plain and drainage artery; and well site elevations. Show the actual distance between the proposed well and these items.

Site Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

- Storm or Bldg.) – 50 ft.
- Water Bodies / Courses – 50 ft.
- Leachlines – 100 ft.
- Underground Petroleum Product Storage Tanks – 100 ft.
- Other: \_\_\_\_\_

EHS 46-1b (Rev. 4/27/15)

Questions?