

**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, reoperation, sealing or replacement of well casing.
<input type="checkbox"/> Destruction	\$495 (2 hrs.) *	[4668]	Abandonment: The complete filling of a well.

<b>FOR OFFICE USE ONLY</b>
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.
- 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.
- Animal or fowl 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

Proposed Depth _____ ft.	<b>Casing Information</b>
Well Bore Diam. _____ in.	
<b>Sealing Material (Check)</b>	
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Clay <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete	
Type: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____	
Wall / Gauge _____ in. Diameter _____ in. Annular Seal Depth _____ ft.	
Additional Work Description: _____	
<b>Note:</b> A minimum 50 ft. annular seal is required for all wells.	



# Water Well Application

## Supplemental Information

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**General:**

If application is for Modification to an existing well, state the nature of modification:

- Deepening                       Sealing of well casing  
 Reperforation                       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? \_\_\_\_\_

What is the parcel size of the proposed well location? \_\_\_\_\_ acres       square feet  

What is the Property Zoning Designation?

- AG-I     AG II     Residential     Commercial     Industrial     Recreational

Is the proposed well location within the Coastal Zone?    No    Yes

Within what 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"/>
<b>South Coast Groundwater Basins</b>	<b>Santa Ynez River Watershed</b>	<b>North Coastal Groundwater Basins</b>	<b>Cuyama Groundwater Basin</b>
<i>Carpinteria Montecito Santa Barbara Foothill Goleta</i>	<i>Santa Ynez Uplands Santa Ynez Alluvial Buellton Uplands Lompoc Groundwater Basins</i>	<i>San Antonio Santa Maria</i>	

**Terms for Permit:**

Initial each statement below to indicate that you understand and agree; then sign bottom of this page.

- \_\_\_\_\_ I have read and understand all of the information on Page 2 of this application including, but not limited to, permit limitations.
- \_\_\_\_\_ 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.

**Signed** \_\_\_\_\_

Applicant/Owner (Print Name)

Applicant/Owner Signature

Date