

# WATER WELL PERMIT APPLICATION

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

Construction	\$740 (3 hrs.) *	[4669]	New or Replacement well.	FOR OFFICE USE ONLY
		······································	Rec'd Date:	
Modification	\$740 (3 hrs.) *	[4669]	Includes the deepening of a well, reperforation, sealing or replacement of well casing.	Rec'd By:
Destruction	\$495 (2 hrs.) *	[4668]	Abandonment: The complete filling of a well.	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.

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

- $\Box$  Property lines.
- □ Drainage pattern of the property.
- □ Animal or fowl enclosure, pens, paddocks, stockyards within a 100 foot radius of proposed well site
- □ Access roads and easements (water, sewer, utility, roadway).
- 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,

- □ Existing and/or proposed structures.
- Existing wells within a 100 foot radius of the proposed well.
- 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 Phor	e ()
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:		

 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?)  $\Box$  No  $\Box$  Yes

A-2. If you answered No to the question A-1.: Is public water service available?  $\Box$  No  $\Box$  Yes

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

Print Name of Driller	Signature of Driller	Date
.ic. No.:	Primary Telephone	Other Phone:
susiness Name:	Address	
Complete A or B)		
A. WORKERS' COMPENSATION DECL		
I hereby affirm that (check the applicabl		
I I I have and will maintain a certi	ificate of consent to self-insure for workers'	compensation as provided for by Section 3700 of the
		compensation, as provided for by Section 3700 of the d.
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DECLADATION

When signed by the Environmental Health Specialist, this application shall be deemed a permit only for the work described and is not a "permit for development" as that term is used in the California Subdivision Map Act. Please note additional permits (e.g., electrical installation, waste discharge requirements, land use clearance, grading) may also be required from other agencies. THIS PERMIT SHALL EXPIRE upon completion of the task authorized or one year from date of issuance, whichever occurs first. No changes from the approved plan are permitted without prior written approval by Environmental Health Services. Final clearance will not be issued until all fees are paid and a copy of the drillers log is submitted to Environmental Health Services.

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.

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

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

Signed
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Applicant (Print Name)

### APPLICATION DISPOSITION: Approved Denied

Applicant's Signature

Date

Signed	Environmental Health Specialist		Date	
	FOF	R DEPARTMENT I	USE ONLY	
Fixed Fee Rec'd: by:	Date:	Amt: \$	Credit Card: Check/Receipt/Trans. No.:	
Date plans resubmitted	1 (1)	(2)	(2)	
Permit Conditions:				
Final Construction App	proved by:		Date:	
Final Clearance by: _			Date:	
	□ Copy Required at Assesso	or's Office $\Box$	Copy Required at Water District Office	

# 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.

 $\Box$  Irrigation  $\Box$  Irrigation and Domestic\*  $\Box$  Domestic\* Only

\* *Indicate type of Domestic use:*  $\Box$  Single Parcel  $\Box$  Multi-Parcel  $\Box$  State Small  $\Box$  Public

What is the anticipated approximate water production (acre feet per year) for the proposed well?:  $\Box < 2$ ;  $\Box > 10$ ;  $\Box > 10$ 

# **Intended Water Use:**

	CC C 1		
Do you intend to export a	nv water off of the r	oroperty? UNO	L Yes

What other water sources are available on the property?  $\Box$  Public  $\Box$  Private  $\Box$  None

## Site Information:

Are there other we	lls on the pro	perty? 🗆 No 🗖	Yes If yes, how	many?	
What is the parcel size of the proposed well location? acres $\Box$ square feet $\Box$					
What is the Property Zoning Designation?					
□ AG-I □ AG II □ Residential □ Commercial □ Industrial □ Recreational					
Is the proposed well location within the Coastal Zone? $\Box$ No $\Box$ Yes					

Within what Ground Water Basin is the proposed well located? (check the box above the appropriate column)

South Coast Groundwater Basins	Santa Ynez River Watershed	North Coastal Groundwater Basins	Cuyama Groundwater Basin
Carpinteria	Santa Ynez Uplands	San Antonio	
Montecito	Santa Ynez Alluvial	Santa Maria	
Santa Barbara	Buellton Uplands		
Foothill Goleta	Lompoc Groundwater Basins		

# **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

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 \_

this application.