Water Well Application and Instructions

July 21, 2015 Santa Barbara County **Board of Supervisors**



DEPARTME	NT	2125 S. Centerpointe Pirwy., #333 • Santa Maria, C	N 80400-1040 ¥ (800) 3400
	WA	TER WELL PERMIT APPLICATION	
Type of Permit (Please chec	k the appropriate box l	below)	
Construction \$7	(40 (3 hrs.) * [4669]	New or Replacement well.	FOR OFFICE USE ONL. Rec'd Date:
☐ Modification \$7	(40 (3 hrs.) * [4669]	Includes the deepening of a well, reperforation, sealing or replacement of well casing.	Rec'd By:
Destruction \$4	195 (2 hrs.) * [4668]	Abandonment: The complete filling of a well.	WP#
* An hourly fee of \$156 will be above. Final project approval		ts that require staff time in excess of that noted it all foes are paid.	
Required Attachments: 1 Property lines. Dramage pattern of the pr		ne location of the well with respect to the followin ☐ Animal or fowl enclosure, pens, paddocks, ste radius of proposed well site	
Access roads and easemer utility, roadway).	nts (water, sewer,	 Sewage disposal systems or works carrying or industrial wastes within a 200 foot radius of th 	containing sewage or ne proposed well.
□ Existing and/or proposed □ Existing wells within a 10 the proposed well.	0 foot radius of	 All perennial, seasonal, natural, or artificial w including location of 100 year floodplain, if a labor Required: the Supplemental Form on page 	pplicable.
OWNER Info: Well Owner Name (Required):		Primary	Phone ()
Owner Mailing Address:	Street Number and Nas	me City	State/ Zip C
Applicant/ Project Coordinator			
Mailing Address:	unber and Name	City	State / Zip Cod
Mailing Address:Street No	unber and Name	City	State / Zip Cod
Mailing Address: Street No Primary Phone: ()	uniber and Name	City City	
Mailing Address: Street No Primary Phone: () WELL Location Info: Well Location Address:	uniber and Name	City Email: City	State / Zip Cod State / Zip Cod
Mailing Address: Street No Primary Phone: () WELL Location Info: Well Location Address: Cross Street (or other information	uniber and Name I Street Number and Na defining the Well locat	Email: City Email: City me City on, if applicable):	State / Zip Cod
Mailing Address: Street Ni Primary Phone () WELL Location Info: Well Location Address: Cross Street (or other information Assessor's Parcel Number (APN	Street Number and Na defining the Well locat	City Email: City	State / Zip Cod
Mailing Address: Street N. Primary Phone () WELL Location Info: Well Location Address: Cross Street (or other information Assessor's Parcel Number (APN A. Is parcel located within the se	Street Number and Na defining the Well locat):	Email: City: Since City: City: City: City: City: City: Longitude: Lon	State / Zip Cod.
Mailing Address: Street Ni. Primary Phone: (). WELL Location Info: Well Location Address: Cross Street (or other information Assessor's Parcel Number (APN A-1. If you answered Yes to A-1. If you answered Yes to	Street Number and Na defining the Well locat):	Email: City me City no, if applicable): Longitude	State / Zip Cod.
Mailing Address: Street Ni Primary Phone () WELL Location Info: Well Location Address: Cross Street (or other information Assessor's Parcel Number (APN A. Is parcel located within the A-1. If you answered Yes t	Street Number and Name Street Number and Na defining the Well locat Cervice area of a public o question A.: Are yo the question A-1. Is	Email: City One of applicable): Longitude: Longitude: Longitude: Longitude: Longitude: Longitude: No exerce systems (2, do 2) public water service available? No Yes Casing Information	State / Zip Co- State / Zip Co- Elevation: Elevation: On have a meter?) □ No □ Y
Mailing Address: Sees No Primary Phone () WELL Location Info: WELL Location Info: WELL Cost of the information Assessor's Parcel Number (APN A-1s parcel located within the A-1. If you answered Yes t A-2. If you answered No to Proposed Depth 6	Street Number and Name Street Number and Na defining the Well locat Pervice area of a public o question A.: Are ye the question A.: Is Type: Type: Steel Wall Gauge	tensit: City Inn (if applicable): Longstude: Longstude: Longstude: Longstude: Longstude: Longstude: No Carting (if entity): On connected to the Public Water System (i.e., do y public water service available? No Carting Information PVC C Odder	State / Zip Cod Attitude: Elevation: on have a meter?) □ No □ Y
Mailing Address: Steen N Primary Phone: () WELL Location Info: WELL Location Info: Cross Steet (or other information Assessor's Parcel Number (APN A. Is parcel located within the surveyed Yes A-1. If you answered Yes to A-2. If you answered No to Proposed Depth (Well Bore Diam. Sealing Material (Check)	unifier and Name Street Number and Na defining the Well locat): o question A. Are ye the question A.1. Is b. a Type: □ Steel Wall / Gauge Additional Worl	met Crty met (Crty met (Applicable) Crty Longstude Longstude Longstude Longstude Longstude Longstude No (Menthy) ou connected to the Public Water System (i.e. do 3 public water sevice available? No Ves Caving Information Caving Information Description: in Dameter in An	State / Zip Cod State
Mailing Address: Sneet N Primary Phone: () WELL Location Info: WELL Coation Info: WELL Coation Info: WELL Coation Address: Cross Street (or other information Assessor's Parcel Number (APN) A. Is parcel located within the s A-1. If you answered Yes t A-2. If you answered Yes t Well Bore Dian. Sealing Material (Chek) Deat Cement — (Clay	unifier and Name Street Number and Na defining the Well locat): o question A. Are ye the question A.1. Is b. a Type: □ Steel Wall / Gauge Additional Worl	Cety Cety on, if applicable): Longitude: Longitude: Longitude: Longitude: Longitude: No Uve (identify): public water ervice avaibable? No Uve Ceting Information DPUC Other in Diameter in Diameter in A	State / Zip Co

Procedures for Completing a Water Well Permit Application

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

pleted application for a Water Well Permit. Please fill in all the blanks. An lication may result in denial or delay in processing. The application must be nd accompanied by the proper fee at the time of submittal

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

TE EVALUATION

submittal of an application and fee, an Environmental Health Services will review the application to ensure its completeness and conduct a site e proposed water well site. Often times, due to the remote or unknown location well site, a joint inspection with the property owner or owner's agent will be joint inspection is not possible, the proposed well site must be conspicuously th flagged stake or pole). In the event that the first proposed well site is not tilized, 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 g the initial site inspection, thereby eliminating unnecessary repeat trips to the ncies in processing the application

RMIT ISSUANCE

cation and proposed well site is determined to be satisfactory, the application ed. When approved and signed on the reverse side by the Environmental Health sentative, this application shall be considered a permit to perform the proposed ils proposed that will be located in the Coastal Zone require a Coastal Zone pproval for construction

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



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





Background

New Application

New Instructions

Q & A

New Application

PUBLIC	225 Camino del Remedio. Santa 8	onmental Health Services Sarbara. CA. 93110 ♦ (805) 681-4900		General: If application					
Meaiti	2125 S. Centerpointe Pkwy., #333 • Santa Mari			□ Deepe					
ype of Permit (Please check ti	WATER WELL PERMIT APPLICATION								
	0 (3 hrs.) * [4669] New or Replacement well.	FOR OFFICE USE ONLY		Intended Well Check the we					
		Rec'd Date:		☐ Irrigat					
Modification \$740	0 (3 hrs.) * [4669] Includes the deepening of a well, reperforation sealing or replacement of well casing.	Rec'd By:		* Indicate t					
	5 (2 hrs.) * [4668] Abandonment: The complete filling of a well.	District #		What is the ar					
In hourly fee of \$136 will be add	ided for those projects that require staff time in excess of that noted till not be issued until all fees are paid.								
	on not or issued with all yets are para. It plan indicating the location of the well with respect to the follow	aving items:		Intended Water					
☐ Property lines.	 Animal or fowl enclosure, pens, paddocks, 			Do you intend What other w					
 Drainage pattern of the prop Access roads and easements 	(water sewer Sewage disposal systems or works carrying	g or containing sewage or		What other w					
utility, roadway). Existing and/or proposed str	industrial wastes within a 200 foot radius of	it tile proposed well.		Site Information					
Existing wells within a 100	foot radius of including location of 100 year floodplain, i	if applicable.		Are there other					
the proposed well.	☐ Also Required: the Supplemental Form on	page 3, completed in full.	LEGAL DECLARATION						
WNER Info: iell Owner Name (Required):	Prima	rv Phone ()	RATION ler the provisions of Chapter 9 (commencing with Sec. 7000), Division 3 of the Busi	iness and Professions Code					
wner Mailing Address			C-57 license) and such license is in full force and effect.	and a resource code					
St	treet Number and Name City	State/Zip Code	Signature of Driller	Date					
	CANT is other than Well Owner		Primary TelephoneOther Phone:						
Applicant/ Project Coordinator Na	ime:		Address						
	iber and Name City	State / Zip Code							
Primary Phone: ()	Email:		DECLARATION						
ELL Location Info:			plicable box): a certificate of consent to self-insure for workers' compensation, as provided for b	by Section 3700 of the					
	Street Number and Name City	State / Zip Code	formance of the work for which this permit is issued. In workers' compensation insurance, as provided for by Section 3700 of the Labor Code, for the						
	efining the Well location, if applicable):		r which this permit is issued. My insurance carrier and policy number are:	Labor Code, for the					
	vice area of a public water system? No Yes (Identify):	Latitude: Elevation:	Policy No.						
	question A.: Are you connected to the Public Water System (i.e., d	lo you have a meter?) □ No □ Ves	Date						
	the question A-1.: Is public water service available? No Yes		ON FROM WORKERS' COMPENSATION INSURANCE sork for which this permit is issued, I shall not employ any person in a manner so a lifornia.	s to become subject to the					
roposed Depthft.	Casing Information		Date						
Vell Bore Diam in. ealing Material (Check)	Type: Steel PVC Other Wall / Gauge in Diameter in	Annular Seal Depthft.	ng this Certificate of Exemption, you should become subject to the Workers' Comp aply with such provisions or this permit shall be deemed revoked.	pensation provisions of the					
Neat Cement	Additional Work Description:								
remain oron a contro	Note: A minimum 50 ft. annular seal is requi	red for all wells.	ental Health Specialist, this application shall be deemed a permit only for the verm is used in the California Subdivision Map Act. Please note additional	work described and is not a al permits (e.g., electrical					
			erm is used in the California Subdivision Map Act. Please note additions nents, land use clearance, grading) may also be required from other agencies	THIS PERMIT SHALL					
IS 46-1 (Rev. 04/26/15)	Page 1 of 3		k authorized or one year from date of issuance, whichever occurs first. No c ten approval by Environmental Health Services. Final clearance will not be is	changes from the approved ssued until all fees are paid					
			itted to Environmental Health Services.						
		I hereby agree to comply	with all regulations of the County of Santa Barbara pertaining to well construc- he property owner, well driller, or agent will furnish Environmental Health Servic	ction, repair, modification,					
		well log upon completion of well	1 construction	ces a copy or a completed					
	1	well log upon completion of wel	Il construction.						
	ge 1	well log upon completion of well I certify that I have read the complete. I hereby authorize re	Il construction. his application and declare under penalty of perjury that the information contained appresentatives of Environmental Health Services to enter the premises for the purple.	I herein is true, correct and					
	ge 1	well log upon completion of wel I certify that I have read the complete. I hereby authorize re and work described herein for co	I construction. his application and declare under penalty of perjury that the information contained appresentatives of Environmental Health Services to enter the premises for the pur mpliance with county requirements.	I herein is true, correct and pose of inspecting the site					
	ge 1	well log upon completion of well I certify that I have read it complete. I hereby authorize re and work described herein for co REQUIRED INSPECTIC must be scheduled directly with it	I construction. his application and declare under penalty of perjury that the information contained persentatives of Environmental Health Services to enter the premises for the pur purplishance with county requirements. NOSE JENAL CLEARANCE. After permit approval, and prior to covering any core the approving Environmental Health Specialist at Jenat two (2) business days in advan-	therein is true, correct and pose of inspecting the site					
	ge 1	well log upon completion of well I certify that I have read it complete. I hereby authorize re and work described herein for co REQUIRED INSPECTIC must be scheduled directly with it The sealing of the.	I construction is an adeclare under penelty of perjury that the information contained his application and declare under penelty of perjury that the information contained preparation of Environmental Health Services to enter the premises for the pury mpliance with country equirements. 2005/FINALCLEARANCE: After permit approval, and prior to covering any corn to approve Environmental Health Specialist at Jeast two (2) business days in advan- antials space on as the contraction of	therein is true, correct and pose of inspecting the site					
	ge 1	well log upon completion of well I certify that I have read it complete. I hereby authorize re and work described herein for co REQUIRED INSPECTIC must be scheduled directly with t The sealing of the The destruction of Any operation stip	I construction. It is application and declare under penalty of perjury that the information contained presentatives of Environmental Health Services to enter the premises for the purpulsance with county requirements. NNS_FINAL_CLEARANCE After permit approval, and prior to covering any core has approving Environmental Health Specialist at Jensit two (2) business days in advanced to the property of the property	therein is true, correct and pose of inspecting the site					
	ge 1	well log upon completion of wel I certify that I have read it complete. I hereby authorize re and work described herein for co REQUIRED INSPECTIC must be scheduled directly with it The sealing of the The destruction of	I construction. It is application and declare under penalty of perjury that the information contained presentatives of Environmental Health Services to enter the premises for the purpulsance with county requirements. NNS_FINAL_CLEARANCE After permit approval, and prior to covering any core has approving Environmental Health Specialist at Jensit two (2) business days in advanced to the property of the property	therein is true, correct and pose of inspecting the site					
	ge 1	well log upon completion of well I certify that I have read it complete. I hereby authorize re and work described herein for co REQUIRED INSPECTIC must be scheduled directly with t The sealing of the The destruction of Any operation stip	I construction. It is application and declare under penelty of perjury that the information contained presentatives of Environmental Health Services to enter the premises for the pury mpliance with county requirements. SNS/INALCLEARANCE: After permit approval, and prior to covering any core he approving Environmental Health Specialist at Jenst two (2) business days in advanced to the permit appears are sufficiently as the property of the permit appears are sufficiently wells; wells, under the permit to address special or unusual conditions. well log.	therein is true, correct and pose of inspecting the site					
	ge 1	well log upon completion of well I certify that I have read it complete. I hereby authorize re and work described herein for co REQUIRED INSPECTION The sealing of the The sealing of the Any operation stip Receipt of driller's Signed	I construction. It is application and declare under penalty of perjury that the information contained presentatives of Environmental Health Services to enter the premises for the purpulsance with county requirements. NNS_IFNAL_CLEARANCE After permit approval, and prior to covering any core the approving Environmental Health Specialist at Jeant two (2) business days in advanced to the permit appears on a well; well; well; utualed on the permit to address special or unusual conditions, well log. Applicant's Signitive	therein is true, correct and pose of inspecting the site imponents, an inspection oe for:					
	ge 1	well log upon completion of well I contrib that have read to complete. I hereby authorize re and work described herein for co REQUIRED INSPECTIC must be scheduled directly with it The destruction of Any operation sign Receipt of driller's Signed Applicate (P. Signed	Il construction. It is application and declare under penalty of perjury that the information contained presentatives of Environmental Health Services to enter the premises for the purpulsance with county requirements. NNS/BYALCLERANCE: After permit approval, and prior to covering any core has approving Environmental Health Specialist at Jeast two (2) business days in advunsarial representatives on a well; wells, under the permit to address special or unusual conditions. well log. Applicate's Signature APPLICATION DISPOSITION: Approved Denied	therein is true, correct and pose of inspecting the site imponents, an inspection oe for:					
	ge 1	well log upon completion of well I contrib that have read to complete. I hereby authorize re and work described herein for co REQUIRED INSPECTIC must be scheduled directly with it The destruction of Any operation sign Receipt of driller's Signed Applicate (P. Signed	I construction. It is application and declare under penalty of perjury that the information contained presentatives of Environmental Health Services to enter the premises for the purpulsance with county requirements. NNS_IFNAL_CLEARANCE After permit approval, and prior to covering any core the approving Environmental Health Specialist at Jeant two (2) business days in advanced to the permit appears on a well; well; well; utualed on the permit to address special or unusual conditions, well log. Applicant's Signitive	therein is true, correct and pose of inspecting the site imponents, an inspection oe for:					
	ge 1	well log upon completion of well I certify that have read the complete. I hereby authorize re and word described herein for co REQUIRED INSPECTIC must be scheduled directly with it Fine beauting of the The destruction of Any openation stips Receipt of dailler's Signed Signed Lawrence Lawre	Il construction. It is application and declare under penelty of perjury that the information contained presentatives of Environmental Health Services to enter the premises for the pury missiance with county requirements. SNS/IJNALCIEARANCE: After permit approval, and prior to covering any core he approving Environmental Health Specialist at Jeast two (2) business days in advussmalls space on as manular space on as manular space on as manular space on as well as the permit to address special or unusual conditions. well log. Applicant's Signature APPLICATION DISPOSITION: Approved Denied and Health Specialist	I herein is true, correct and pose of inspecting the site uponents, an inspection of for					
	ge 1	well log upon completion of well I centify that have read it complete. I hereby authorize re and word described herein for co REQUIRED INSPECTION The sealing of the The destruction of Any operation stip Recoil of driller's Signed Fawwass Fixed Fee Rec'd: by.	I construction.	I herein is true, correct and pose of inspecting the site uponents, an inspection of for					
	ge 1	well log upon completion of well I certify that have read the complete. I hereby authorize re and word described herein for or REQUIRED INSPECTIC must be scheduled directly with if Y the sealing of the Y the sealing of the Y the destruction of Any operation single Signed Applicate Of Signed Fixed Fee Rec'd: by Date pians resubmitted (1)	I construction.	I herein is true, correct and pose of inspecting the site uponents, an inspection of for					
	ge 1	well log upon completion of well I centify that have read it complete. I hereby authorize re and word described herein for co REQUIRED INSPECTION must be scheduled disordly with the destruction of Any operation stip Receipt of driller's Signed Fawtween Fixed Fee Rec'd: by: Date plans resubmitted (1) Permit Conditions:	Iconstruction. Icon	I herein is true, correct and pose of inspecting the site uponents, an inspection of for					
	ge 1	well log upon completion of well I centify that have read it complete. I hereby authorize re and word described herein for co REQUIRED INSPECTION must be scheduled disorely with The sealing of the Any operation stip Receipt of driller's Signed Fawtwess Fixed Fee Rec'd: by: Date plans resultantised (1) Permit Conditions: Final Corestruction Approved by: Final Clearance by.	Iconstruction. Icon	herein is true, correct and pose of inspecting the site imponents, an inspection or for: Dee					

Supplemental Information odification to an existing well, state the nature of modification: □ Sealing of well casing □ Replacement of well casing check all that apply) rom the list below ☐ Irrigation and Domestic* ☐ Domestic* Only Oomestic use: ☐ Single Parcel ☐ Multi-Parcel ☐ State Small ☐ Public l approximate water production (acre feet per year) for the proposed well?: □ <2; □ 2-10; □ >10 ort any water off of the property?

No Yes arces are available on the property? Public Private None on the property? □ No □ Yes If yes, how many? e of the proposed well location? acres ☐ square feet ☐ Zoning Designation? AG II □ Residential □ Commercial □ Industrial □ Recreational location within the Coastal Zone?

No Yes Water Basin is the proposed well located? (check the box above the appropriate column) North Coastal Cuyama
Groundwater Basins Groundwater Basin Santa Ynez River Watershed Santa Ynez Uplands San Antonio Santa Maria Bueliton Uplands Lompoc Groundwater Basins below to indicate that you understand and agree; then sign bottom of this page. read and understand all of the information on Page 2 of this application including, but not limited to, t limitations. rstand that this permit is only for the well construction, modification or destruction identified on pplication. e read and understand that other permits may be required, including (but not limited to): land use; ical; grading; waste discharge; etc. rstand that failure to obtain other County required permits may result in the denial or revocation Well permit. Page 3 of 3

Water Well Application

Page 3

• 3



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 1/4" Block = 20 ft.)

Permit #: _____ APN: ____

exact location of the proposed well with respect to the following items within 200 ft. of the proposed s, access roads and easements, existing/proposed structures (surface and subsurface), existing wells, exustrial, hazardous, solid waste systems, works or tanks; petroleum product system works or tanks; national for animal waste storage areas, agricultural operations; watercourses, 100-yr. flood plain and drainage

rty; and well site elevations. Show the actual distance between the proposed well and these items.

Г												N	
Γ											٠,	Ĭ.	
Г											7		_
Г												Ĭ	
Г													
Г													
Г													
Г													
Г													
Г													
L													
L													
L													
L													
L													
L													

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

Questions?