

MONTEREY COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH BUREAU
 DRINKING WATER PROTECTION SERVICES

1270 NATIVIDAD RD., Salinas, CA 93906
 Phone: (831) 755-4507 FAX: (831) 796-8691

APPLICATION TO CONSTRUCT: CATHODIC PROTECTION WELL

OWNER: (Name/Title) _____
 (Company) _____
 Mailing address: _____
 City/Town: _____ Zip _____
 Phone: _____
 Email: _____

CONTRACTOR:(Company) _____
 (Contact) _____
 Mailing address: _____
 City/Town: _____ Zip: _____
 Phone: _____ C-57 License: _____
 Email _____

Primary Contact: Name / Contact Number (if different) : _____

PROPOSED SITE ADDRESS: _____ **APN:** _____ **ACRES:** _____

GPS Coordinates: _____

Site Preparation: Any grading required (leveling, pit, road, containment area, etc)? yes, (describe) _____ no

Total number of wells on property: _____ Number of wells in use? _____ Inactive? _____ Abandoned? _____

Distance to nearest: Property line _____ft. Existing well _____ft. Leach line _____ft. Seepage pit _____ft. Septic tank _____ft.
 Sewer lines, mains, or laterals _____ft. fuel tank _____ft. above below ground Animal encl. _____ft.
 Gas Lines _____ft Power Lines _____ft

Type of Onsite Waste Disposal: Sewer _____ Leach field: _____ Seepage pit _____

Estimated Work: Start _____ Finish _____ **Receive Permit:** By Mail Email Pick Up

A map containing the following information must accompany this application: Written directions to the proposed site; nearest crossroad; arrow indicating north; property lines; distance from proposed well to property lines; location of other wells on property; location of septic tanks, seepage pits and leach lines on property *and within 150 feet of well site*. Additionally, an **aerial** photo of the property indicating the proposed location and **photos** of well site is requested. If an inadequate map is provided and a second well site field visit is required, a charge at the current hourly rate may be required for the additional site visit. **Provide Easement information, if well is located in an easement. Flag the precise site location of the proposed well with a surveyor's stake with the words "Proposed Well."**

PROPOSED DESIGN/CONSTRUCTION FEATURES (attach design): Horizontal Vertical
 SAE EnvirAnode Matcor Other describe: _____

Type of well construction: Mud Rotary Reverse Rotary Air Other describe: _____
 Spoils/fluid Containment: Pit Portable box/container Other: describe: _____

Conductor casing:
 To be installed? _____ Bore hole depth _____ft. Bore hole diameter _____in.
 Length _____ft. Diameter _____in Thickness _____in. Seal width _____in.

Vent Pipe: Yes No Standard or line pipe Structural steel Thermoplastics -type _____ Thermoset plastic
 Diameter: _____

Proposed location and size of perforations or screens: Size: _____ Location: _____ to _____ft.

Type of Conductive Backfill?: Conducrete Granular Coke Breeze Powder Coke Breeze Other: _____

Logging to be used: Electric Caliper Fluid movement Geologic Other _____

Proposed seal: Material _____ Volume _____ Length _____ Location _____
 _____ cu. yds. _____ ft. _____ to _____ ft.
 _____ cu. yds. _____ ft. _____ to _____ ft.

Concrete pump base: Length _____in. Width _____in. Thickness _____in.

I hereby agree to comply with all conditions, laws and regulations of the County of Monterey and the State of California pertaining to well construction. I understand approval of a well permit does not indicate whether this property is suitable for an individual sewage disposal system or that a permit to install such a system is granted. I understand fees submitted with this application are non-refundable. I hereby agree to indemnify and hold harmless the County and its officers, agents, and employees from actions or claims of any description brought on account of any injury or damages sustained, by any person or property resulting from the issuance of the permit and the conduct of the activities authorized under requested permit.

Additionally, I understand submitting an incomplete application will delay the processing of my permit.

SIGNATURE OF PROPERTY OWNER*** _____ **SIGNATURE OF CONTRACTOR** _____

X _____ Date _____ X _____ Date _____

Print _____ Print _____

***If signed by authorized representative instead of owner, submit proof of authorization

OFFICE USE ONLY Date _____ Receipt # _____ Amount \$ _____ Project # _____ 4/14