

MONTEREY COUNTY HEALTH DEPARTMENT

Environmental Health Bureau
Drinking Water Protection Services

1270 Natividad Road, Salinas, CA 93906
Phone: (831)755-4507 Fax: (831)796-8691

APPLICATION TO DESTROY:

WATER WELL, BOREHOLE, MONITORING WELL OR CATHODIC PROTECTION WELL

Estimated Work: Start ___/___/___ Finish ___/___/___ Receive Permit by: - Mail - E-Mail - Pick Up

Property Owner:			
Name/Title:			
Mailing Address:			
City:		Zip:	
Phone:			
E-Mail:			
Applicant-If different from Property Owner:			
Name/Title:			
Mailing Address:			
City:		Zip:	
Phone:			
E-Mail:			
Contractor:			
Company:			
Contact:			
Mailing Address:			
City:		Zip:	
Phone:		C-57 License:	
E-Mail:			
Proposed Site:			
Site Address:			
City:		Zip:	
APN:		Acres:	
GPS Coordinates:			

Site Preparation: Any grading required (leveling, pit, road, containment area, etc.?) -No
 -Yes: (Describe): _____

Original Use:

- Irrigation
 - Domestic Single Connection
 - Domestic/Multiple Connection
 - Test (borehole)*
 - Geothermal
 - Cathodic Protection
 - Monitoring
 - Industrial
 - Stock

**each hole required a separate permit. Indicate if proposal includes 2 holes (test hole and production well)*

Date Constructed: _____ Reason for destruction: _____

Impacted Areas SB 252: - Yes - No **County Ordinance 5302 Zone?** - Yes - No

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

-----M. C. H. D. -E. H. B. OFFICE USE ONLY-----				
Date:	/ /	Record ID:		Received by:
Check #:		Amount:		Invoice #:

Site Address: _____

APN: _____

A map showing the location of the well to be destroyed, the nearest crossroad and an arrow indicating north, along with written directions to the proposed site, **must accompany** this application. A well log, if available, and a diagram of the well casing showing the perforations and location of water strata and formations must also accompany this application. If inadequate information 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.

DESTRUCTION PROPOSAL:

Type of well construction: - Mud Rotary - Reverse Rotary - Air - Cable Tool - Other: _____
Gravel packed? _____ Bore hole diameter _____ in Well depth _____ ft.
Open to original depth: - Yes - No, depth open _____ ft.

Conductor casing: Length _____ ft. Diameter _____ in. Seal-depth _____ ft./width _____ in

Production casing: Length _____ ft. Diameter _____ in. Material _____ ft./width _____ in Seal-depth _____ ft./width _____ in

Perforations or screens: type/size _____ Location: _____ to _____ ft. _____ to _____ ft. _____ to _____ ft.

Liner Present: - Yes - No Removable? - Yes - No Length _____ ft. Diameter: _____ ft.
Liner perfs/screen: type/size _____ Location: _____ to _____ ft. _____ to _____ ft.

Condition of casing? _____ Cleaning required? _____
Video available: - Yes, attach - No DWR available: - Yes, attach - No

Proposed method of destruction: If casing needs to be perforated, attach detailed destruction plan

Material	Volume	Length	Location
_____	_____ cu. yds.	_____ ft	_____ to _____ ft.
_____	_____ cu. yds.	_____ ft	_____ to _____ ft.

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*:**

_____ Date: ____/____/____ Print _____

SIGNATURE OF CONTRACTOR:

_____ Date: ____/____/____ Print _____

SIGNATURE OF APPLICANT (IF DIFFERENT FROM PROPERTY OWNER):

_____ Date: ____/____/____ Print _____

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