

**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 REPAIR OR ALTER:  
WATER WELL, MONITORING WELL OR CATHODIC PROTECTION WELL**

**Estimated Work:** Start \_\_\_\_/\_\_\_\_/\_\_\_\_ Finish \_\_\_\_/\_\_\_\_/\_\_\_\_ **Receive Permit by:**  - Mail  - E-Mail  - Pick Up

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

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

**Intended Use:**  
 - Agricultural Irrigation       -Residential Irrigation (no domestic use)       - Domestic/Single Connection  
 - Domestic/Multiple Connection: # of connections: \_\_\_\_\_ Name of system: \_\_\_\_\_  
 - Geothermal    - Cathodic Protection    - Monitoring    - Industrial    - Stock    - Test (borehole)\*  
**GPM needed:** \_\_\_\_\_ **Associated PLN/BP:** \_\_\_\_\_

**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.

**Type of Onsite Waste Disposal:** Sewer \_\_\_\_\_ Leach field \_\_\_\_\_ Seepage pit \_\_\_\_\_

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

|  |         |              |  |
|--|---------|--------------|--|
| <b>-----M. C. H. D. -E. H. B. OFFICE USE ONLY-----</b> |         |              |  |
| Date:  | / /     | Received by: |  |
| Check #:   | Amount: | Invoice #:   |  |

Site Address: \_\_\_\_\_

APN: \_\_\_\_\_

A map containing the following information must accompany this application: Written directions to the 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 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.

**DESIGN/CONSTRUCTION FEATURES:**

**Existing Well:** Video Available?  - Yes, attach  - No Log Available?  - Yes, attach  - No

**Conductor casing:**  -No  -Yes; Length \_\_\_\_\_ft. Diameter \_\_\_\_\_ in. Thickness \_\_\_\_\_ in.  
Seal width \_\_\_\_\_in. Seal depth \_\_\_\_\_ft.  - N/A – Cable Tool

**Production casing:** ( ) - Standard or ( ) - line pipe  - Structural Steel  - Thermoplastics: type \_\_\_\_\_  - Thermoset Plastic  
Diameter \_\_\_\_\_in.  - Single  - Double  
Seal width\*\* \_\_\_\_\_in Seal depth\*\* \_\_\_\_\_ft  - N/A-Cable Tool

**Location of existing perforations or screens:** : \_\_\_\_\_ to \_\_\_\_\_ft. \_\_\_\_\_ to \_\_\_\_\_ft. \_\_\_\_\_ to \_\_\_\_\_ft.

**Proposed Well Changes: Attach diagram showing existing well and proposed changes**

**Deepening existing well:**  - No  - Yes, type of construction:  -Mud Rotary  - Reverse Rotary  -Air  -Cable Tool  
Spoils/fluid containment:  - Pit  - Portable box/container  -Other: \_\_\_\_\_

**Production casing:** ( ) - Standard or ( ) - line pipe  - Structural Steel  - Thermoplastics: type \_\_\_\_\_  - Thermoset Plastic  
Diameter \_\_\_\_\_in.  - Single  - Double  - Type of joint \_\_\_\_\_  
Seal width\*\* \_\_\_\_\_in Type/method of centralizing \_\_\_\_\_

\*\* Minimum of 3' for public water system wells, minimum of 2' for all others

**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. |
| _____ | _____ cu. yds. | _____ ft | _____ to _____ ft. |

**Proposed location of perforations or screens:** \_\_\_\_\_ to \_\_\_\_\_ft. \_\_\_\_\_ to \_\_\_\_\_ft. \_\_\_\_\_ to \_\_\_\_\_ft.

**Concrete pump bases:** 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\*\*\*:**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print \_\_\_\_\_

**SIGNATURE OF APPLICANT-IF DIFFERENT FROM PROPERTY OWNER:**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print \_\_\_\_\_

**SIGNATURE OF CONTRACTOR:**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Print \_\_\_\_\_

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