



# WATER WELL CONSTRUCTION PERMIT

Date paid: \_\_\_\_\_ \$ \_\_\_\_\_

Receipt No. \_\_\_\_\_

- Small Diameter Domestic Well (casing 8 inch diameter or less)
- Public Water System Well     Repair/Deepening (same pump capacity)
- Replacement, Same Pump Capacity, 100 ft of destroyed well
- Large Diameter Well (> 8 inch diameter)
- Destruction     Fire Suppression
- Frost Protection

## WP Well

## APPLICATION

APN #: \_\_\_\_\_ Trakt #: \_\_\_\_\_

Applicant Name (Please print) \_\_\_\_\_ Property Owner Name \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Construction Site Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Owner Name \_\_\_\_\_ Property Owner Telephone \_\_\_\_\_

C-57 Well Driller Name \_\_\_\_\_

Exploratory well?  Yes  No

If "yes," has the **Non-Development (Exploratory) Water Well Permit Disclaimer/Acknowledgment** document been signed by the property owner?  Yes  No

Proposed Depth: \_\_\_\_\_ Casing Diameter: \_\_\_\_\_

The **Important Information for Applicant/Property Owner** (located on the back of this page) been reviewed by applicant or, if the applicant is not the property owner, has the information been shared with the property owner?  Yes  No

### Additional Information for Large Diameter Wells Only

Within Water District?  Yes  No      Engineered Pump Capacity: \_\_\_\_\_ GPM

Name of Water District: \_\_\_\_\_      Acreage of Parcel(s) to be Served: \_\_\_\_\_

If other wells also serve the above referenced parcel(s), provide an attachment that specifies for each well: (1) APN, (2) Pump Horse Power, and (3) Pump Capacity in Gallons per Minute (GPM). Note: Maximum pump capacity is 50 GPM/acre served.

### Applicant Acknowledgement

As the applicant, I am:  the property owner,  the C-57 licensed well driller,  the property owner's authorized representative. I certify that the information in this application is correct to the best of my knowledge.

Applicant Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

## PERMIT

### CONSTRUCTION APPROVAL

This permit is issued based on review of the attached design and it has been determined that it meets the requirements of Butte County Code Chapter 23B, Water Wells.

Environmental Health Specialist \_\_\_\_\_ Date of Issuance \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

## FINAL APPROVAL AND CERTIFICATE OF COMPLETION

<b>Well Construction/Destruction Approval</b>	<b>Well Final Approval/Certification of Completion</b>
_____	_____
Environmental Health Specialist      Date	Environmental Health Specialist      Date

**Applicant: See important information on reverse side of application.**

Completed by applicant

Completed by Environmental Health

**!!! Important Information for Applicant/Property Owner !!!**

- Permit valid only for construction in the location shown on the attached plot plan, stamped "Approved." Variation from the approved location must have prior approval by Environmental Health.
- Permit valid only if drilled by a C-57 Licensed Contractor.
- Environmental Health recommends that the water from this well be tested for water quality when the well is completed in order to confirm that the water is potable (safe drinking water quality).
- Environmental Health will not release for occupancy any future building permit for a residence served by this well that has not been tested, at a minimum, to verify the absence of total and fecal coliform and a nitrate level of less than 10 milligrams per liter.
- **Permit valid 1 year from the date of issuance.**

**Official Use Only Below**

**A. Well Seal Inspection**

1. Requested by: \_\_\_\_\_ Call in date/time: \_\_\_\_\_
2. Ready date/time: \_\_\_\_\_  A.M.  P.M.
3. Inspection date: \_\_\_\_\_  Approved  No seal inspection
4. Inspector name: \_\_\_\_\_
5. Comment (if seal not approved or inspection not performed): \_\_\_\_\_  
\_\_\_\_\_

**B. Water Well Report/Destruction Report**

2. Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_
3. Reviewer name: \_\_\_\_\_  
 Approved  Not received
4. Comment (if report not approved or not received): \_\_\_\_\_  
\_\_\_\_\_

**C. Disinfection Report**

2. Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_
3. Reviewer name: \_\_\_\_\_  
 Approved  Not received
4. Comment (if report not approved or not received): \_\_\_\_\_  
\_\_\_\_\_

**D. Well Final Inspection**

2. Inspection date: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Approved  Not inspected by EH but Certification of Completion provided by a licensed well driller or pump contractor?
3. Comment (if final not approved or Certificate of Completion not received): \_\_\_\_\_  
\_\_\_\_\_
4. For large diameter wells only, capacity of installed pump verified by:  
 Pump "specification sheet"  Other; please explain: \_\_\_\_\_