

**BUTTE COUNTY PUBLIC HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION**

202 Mira Loma Drive  
Oroville, CA 95965  
(530) 538-7281 or (530) 891-2727  
FAX (530) 538-5339

**APPLICATION AND PERMIT TO CONSTRUCT A SMALL DIAMETER WELL  
WITH A CASING DIAMETER OF EIGHT (8) INCHES OR LESS  
OR A CHAPTER 23B- 5c EXEMPT WELL**

Application for : Small Diameter Domestic Well  Repair or Deepening With Same Pump Capacity  Replacement Well  
With Same Pump Capacity Within 100 ft. of Destroyed Well  Frost Protection  Fire Suppression   
Monitoring Well  Public Water Supply Well  Other

Owner Name: \_\_\_\_\_ Assessor Parcel No. \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Street Address of Site: \_\_\_\_\_ Land Use Zone \_\_\_\_\_

**WELL DRILLER INFORMATION**

**WELL INFORMATION**

Well Driller \_\_\_\_\_

**C-57 LICENSED CONTRACTOR DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class \_\_\_\_\_ Lic. No. \_\_\_\_\_

Proposed Depth \_\_\_\_\_

Diameter Casing \_\_\_\_\_

**WORKERS COMPENSATION DECLARATION**

I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

**PERMIT  
(EXPIRES ONE (1) YEAR FROM DATE ISSUED)**

Fee Received \_\_\_\_\_

Date Fee Received \_\_\_\_\_

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

Date Issued \_\_\_\_\_

Approved By \_\_\_\_\_ **,R.E.H.S.**

Special Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

X \_\_\_\_\_

Signature of Applicant -  Owner  C-57 Licensed Well Driller  Authorized Agent

Date: \_\_\_\_\_

**\*\*\*NOTES TO WELL DRILLER\*\*\***

1. Provide a minimum twenty-four (24) hour notice prior to installing or placing sanitary seal or drilling a well expected to be completed in less than twenty-four (24) hours. (BCC 23B9[b])
2. A satisfactory final inspection by the Health Department and receipt by the Health Department of a Driller's Report or a satisfactory abandonment report and a disinfection statement is required for final approval of work. (BCC 23B9[a])
3. To facilitate issuance of your well permit, please stake and flag the proposed well location at the site.

**"Note To Owner"**

An acceptable well slab is also a requirement for the well final. It is the responsibility of the owner.

**WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEYS FEES.**