

## APPENDIX C

# MONTEREY COUNTY HEALTH DEPARTMENT APPLICATION TO CONSTRUCT WATER WELL, MONITORING WELL OR CATHODIC PROTECTION WELL

**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:  
 WATER WELL, MONITORING WELL OR 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

**Intended Use:** Agricultural Irrigation  Residential Irrigation  Domestic/Single Connection   
 Domestic/Multiple Connection : # of connections \_\_\_\_\_ Name of system \_\_\_\_\_  
 Geothermal  Cathodic Protection  Monitoring  Industrial  Stock  Test\*   
**GPM needed:** \_\_\_\_\_ Associated PLN/BP: \_\_\_\_\_  
**Replacement Well?** yes no  
 If yes, reason for replacement? \_\_\_\_\_ (Include application for destruction of well being replaced)

\*Each hole requires a separate permit. Indicate if proposal includes 2 holes (test hole and production well)

**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 \_\_\_\_\_

**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. **Flag the precise site location of the proposed well with a surveyor's stake with the words "Proposed Well."**

**PROPOSED DESIGN/CONSTRUCTION FEATURES:**

**Type of well construction:** Mud Rotary  Reverse Rotary  Air  Cable Tool  Other  \_\_\_\_\_  
 Spoils/fluid Containment: Pit  Portable box/container  Other:  describe: \_\_\_\_\_  
 Bore hole depth \_\_\_\_\_ ft. Bore hole diameter \_\_\_\_\_ in.

**Conductor casing:** To be installed? \_\_\_\_\_ If yes: Length \_\_\_\_\_ ft. Diameter \_\_\_\_\_ in. Thickness \_\_\_\_\_ in.  
 Seal width \*\* \_\_\_\_\_ in.

**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.

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