

APPLICATION & WATER WELL JOB PERMIT

AMADOR COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

810 COURT STREET • JACKSON, CA 95642-2132

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FOR OFFICE USE ONLY

Site Approved by: _____

Permit #: _____

Permit Issued Date: _____

Permit Fee: _____

Annular Seal Inspection by: _____ Date: _____ Well Completion Report Received Date: _____

Water Analysis Results: _____ Final Inspection by: _____ Date: _____

COMMENTS: _____

SITE STAKED WITH _____ **LOCATION** _____ **ASSESSOR'S PARCEL #** _____

JOB ADDRESS _____

NEAREST CROSS STREET _____ SEPTIC PERMIT # _____

OWNER'S NAME _____ PHONE # _____

OWNER'S ADDRESS _____ CITY _____

WELL DRILLER _____ LICENSE # _____ TYPE _____

ADDRESS _____ CITY _____ ZIP _____ PHONE _____

WORK TO BE PERFORMED:

- New Well Construction Deepen Well Repair Well (state work) _____
 Well Destruction Monitoring Well Other (state) _____

INTENDED USE:

- Domestic/Private Domestic/Public Irrigation Industrial Monitoring Other (state) _____

TYPE OF WELL:

- Cable Tool Auger Driven Rotary Other (state) _____

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CONSTRUCTION SPECIFICATIONS:

WELL: Diameter _____ Depth _____ Annular Space Size _____ GPM _____

CASING: Interval _____ If Conductor: Diameter _____ Interval _____

If steel: Gauge _____ or Thickness _____

If plastic: Type _____ (MUST MEET ASTM F-480)

ANNULAR SEAL: Interval _____ Material Used _____

GRAVEL PACK: Yes No

COMMENTS: _____

WELL DESTRUCTION: Diameter _____ Interval _____ Material Used _____

COMMENTS: _____

I will comply with all Codes, Rules and Regulations of the State and County pertaining to or regulating well construction. I will call for annular seal inspection at least 24 hours prior to sealing. I will submit a Water Well Driller's Report to the Health Officer within ten (10) days of well completion. I will obtain final approval before placing the well in service.

SIGNATURE _____ TITLE _____ DATE _____

(Owner, Agent, Driller)

□ □ □ □ □ DRAW PLOT PLAN ON REVERSE SIDE OR SUBMIT SEPARATE PLOT PLAN □ □ □ □ □