

MONITORING WELL PERMIT APPLICATION

TYPE OF PERMIT (Please check the appropriate box below)

<input type="checkbox"/> Construction or Modification	\$670 first well \$260 per additional well	Modification means the deepening of a well, reperforation, sealing or replacement of well casing – construction of one completed well.
<input type="checkbox"/> Well Destruction	\$655 first well \$260 per additional well	Abandonment – Complete filling of the well

FOR OFFICE USE ONLY	
Rec'd Date:	_____
Rec'd By:	_____
Permit #:	_____
W/P #:	_____
P/E #:	_____
Hazmat Site #:	_____

Required Attachments: Plot plan indicating the location of the well with respect to the following items:

- Property lines
- Below grade utilities, piping, USTs, etc.
- Access roads and easements (water, sewer, utility, roadway)
- Existing and/or proposed structures.
- Sewage disposal systems or works carrying or containing sewage or industrial wastes within the vicinity of the proposed well
- All perennial, seasonal, natural, or artificial water bodies or watercourses, if applicable

OWNER INFO:

Well Owner Name (Required): _____ Primary Phone (____) _____

Owner Mailing Address: _____
 Street Number and Street Name City State/ Zip Code

Complete this section if the person coordinating this project is other than the Well Owner (e.g., driller, contractor, etc.)		
Project Coordinator/Certified Professional Name: _____		
Mailing Address: _____ Street Number and Name City State / Zip Code		
Primary Phone: (____) _____ - _____ Email: _____		

WELL INFO:

Well Location: _____
 Street Number and Street Name City State/ Zip Code

Well Location's Assessor's Parcel Number (APN): _____ - _____ - _____

Well Use: Ground Water Monitoring Vapor Other _____

Drilling Method: Hollow Stem Auger Mud Rotary Air Rotary Sonic Direct Push Other _____

Proposed Depth _____ ft. Well Bore Diam. _____ in. Screen Interval _____ ft bgs Sealing Material <input type="checkbox"/> Neat Cement <input type="checkbox"/> Clay <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete Well ID # _____	<u>Casing Information</u> Type: <input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____ Wall Thickness _____ Diameter _____ in. Annular Seal Depth _____ ft. Additional Work Description _____ _____ If destruction by pressure grout, grout volume: _____
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LEGAL DECLARATION

LICENSED CONTRACTOR DECLARATION

I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Sec. 7000) of Division 3 of the Business and Professions Code (B. & P.C.) as a well drilling contractor (C-57 license) and such license is in full force and effect.

Print Name of Driller Signature of Driller Date
Lic. No.: _____ Office Telephone _____ Cell Phone: _____
Business Name: _____ Address _____

(Complete 'A' or 'B')

A. WORKERS' COMPENSATION DECLARATION

I hereby affirm one of the following:

- 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 provided for by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My insurance carrier and policy number are:

Carrier _____ Policy No. _____
Applicant Signature _____ Date _____

B. CERTIFICATION OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

I certify that in the performance of work for which this permit is issued, I shall not employ any person in a manner so as to become subject to the Worker's Compensation Laws of California.

Applicant Signature _____ Date _____

Notice to Applicant: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

When signed by the Hazardous Materials Specialist or Professional Geologist, this application shall be deemed a permit only for the work described and is not a "permit for development" as that term is used in the California Subdivision Map Act. Please note additional permits (e.g., electrical installation, waste discharge requirements, land use clearance, grading, Santa Barbara City well permits) may also be required from other agencies. THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE FOR THE WORK APPROVED HEREIN. No changes from the approved plan are permitted without prior written approval by Environmental Health Services (EHS). Final clearance will not be issued until all fees are paid and a copy of the drillers log is submitted to EHS.

I hereby agree to comply with all regulations of the County of Santa Barbara and California Well Standards pertaining to well construction, repair, modification, destruction and inactivation. The property owner, well driller, or agent will furnish EHS a copy of a completed well log upon completion of well construction, destruction, or modification.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I hereby authorize representatives of EHS to enter the premises for the purpose of inspecting the site and work described herein for compliance with county requirements.

REQUIRED INSPECTIONS / FINAL CLEARANCE: After permit approval, and prior to covering any components, an inspection must be scheduled directly with the approving Hazardous Materials Specialist or Professional Geologist at least two (2) business days in advance for:

- The sealing of the annular space on a well;
The destruction of wells;
Any operation stipulated on the permit to address special or unusual conditions.
Final clearance of the well will be issued upon receipt of the driller's well log.

Signed _____
Applicant (Print Name) Applicant's Signature Date

APPLICATION DISPOSITION: [] Approved [] Denied

Signed _____
Environmental Health Specialist Date

FOR DEPARTMENT USE ONLY

Fixed Fee Rec'd: by: _____ Date: _____ Amt.\$ _____ [] Cash [] Check # _____

Receipt No.:#: _____

Permit Conditions: _____

Final Construction Approved by: _____ Date: _____

Final Clearance by: _____ Date: _____