



## APPLICATION FOR WELL PERMIT

### Project Information

|                         |                                    |                      |
|-------------------------|------------------------------------|----------------------|
| Work Site Address:      | City:                              | Zip code:            |
| Assessor Parcel Number: | # of Wells/Engineering Test Holes: | Proposed Start Date: |

### Property Owner's Information

|                        |                  |            |        |
|------------------------|------------------|------------|--------|
| Property Owner's Name: | Mailing Address: | Telephone: | Email: |
|------------------------|------------------|------------|--------|

### Licensed Registered Professionals

|                             |                  |            |            |                   |
|-----------------------------|------------------|------------|------------|-------------------|
| Registered Drillers Name:   | Mailing Address: | Telephone: | License #: | License Exp. Date |
| Registered Inspectors Name: | Mailing Address: | Telephone: | License #  | License Exp. Date |

- Note: If the proposed water supply well is within an area where a permit or preapproval for groundwater extraction is required, your permit application must be accompanied by the proper agency permit/approval.
- Permit applications must be signed either with a wet signature or a verified digital signature that provides proof of the identity of the individual signing the document.

### Well Information

|               |                                                                                                                                                                                          |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of Work: | <input type="checkbox"/> New <input type="checkbox"/> Destruction <input type="checkbox"/> Replacement <input type="checkbox"/> Repair/Modify <input type="checkbox"/> Backup or Standby |
| Type of Well: | <input type="checkbox"/> Cathodic <input type="checkbox"/> Engineering Test Hole <input type="checkbox"/> Monitoring <input type="checkbox"/> Water Supply                               |

State Well Number of Well to Be Worked On (if applicable): \_\_\_\_\_

### Proposed Well Use

|                    |                                       |                                     |                                    |                                                           |
|--------------------|---------------------------------------|-------------------------------------|------------------------------------|-----------------------------------------------------------|
| Well Use category: | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Cathodic   | <input type="checkbox"/> Domestic  | <input type="checkbox"/> Geotechnical                     |
|                    | <input type="checkbox"/> Industrial   | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Municipal | <input type="checkbox"/> Other: <u>123456789012345678</u> |

Estimated Annual Pumping (AFY): \_\_\_\_\_



### Proposed Drilling Method

Drilling Method: ☐ Rotary ☐ Hollow Stem ☐ Direct Push  
☐ In Situ ☐ Other \_\_\_\_\_

### Proposed Well Construction

Proposed Depth (ft): Bore Diameter (in): Wall Gauge (in): Casing Diameter (in):

Casing Type: ☐ Steel ☐ PVC ☐ Other (describe material used) : \_\_\_\_\_

### Well Perforations

From (ft) To (ft)

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

### Water Level Measuring Port

Type of Measuring Port: ☐ Sounding Tube Steel ☐ Sounding Tube PVC  
☐ Tap Hole with Plug ☐ Other \_\_\_\_\_

Diameter (in):

### Acknowledgement and Signature

I hereby agree to comply with all provisions of Ventura County Ordinance No. 4468, and all applicable State of California and local regulations pertaining to well construction, repair, modification and destruction. I agree to comply with all conditions of the issued permit to submit required post-work documents and reports. I understand that any modification of the issued permit requires approval by the Groundwater Manager, Water Resources Division, and that the information contained herein becomes a part of the permit when issued.

Property Owner's Signature:

Date:

Registered Driller's Signature:

Date

Registered Inspector's Signature:

Date

**Well Location Map / Site Plan:** Indicate exact location of proposed well, all existing wells of all types (regardless of whether they are subject to regulation under Article 1 of Ventura County Ordinance No. 4468), drainage pattern of the property, all intermittent or perennial, natural or artificial water bodies or water courses, property lines (with APN number), sewage disposal systems or works carrying or containing sewage, access roads, livestock and animal keeping areas, composting or mulching operations areas, and solid waste disposal sites. Setbacks from potential sources of contamination shall comply with the California Department of Water Resources *California Well Standards Bulletin 74-90* available at the following website address:

[California Department of Water Resources – Combined Well Standards](#)



Map should be drawn to scale or show distances of the above items from the proposed well. Map extent should be a minimum radius of 500 feet from the proposed well.