

# COMMUNITY DEVELOPMENT AGENCY

Environmental Health Services  
3501 Civic Center Drive, Rm 236  
San Rafael, CA 94903  
(415) 499-6907 FAX (415) 507-4120

<b>OFFICE USE ONLY</b>
Receipt # _____
Check # _____
Date _____
Received by _____
PERMIT # _____

## APPLICATION (check type of work)

NUMBER OF WELLS FOR APPLICATION \_\_\_\_\_

- |                                                        |                                                     |                                                                       |
|--------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Drill Domestic Water Well     | <input type="checkbox"/> Construct Monitoring Wells | <input type="checkbox"/> Cathodic Protection Wells                    |
| <input type="checkbox"/> Drill Non-domestic Water Well | <input type="checkbox"/> Well Destructions          | <input type="checkbox"/> Soil Borings / Test or Instrumentation Holes |
| <input type="checkbox"/> Operate Domestic Water Supply | <input type="checkbox"/> Repairs/Upgrades           | Number of borings / holes _____                                       |

OWNER'S NAME: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Zip \_\_\_\_\_

ASSESSOR'S PARCEL(S) # \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

\_\_\_\_\_

WELL DRILLER: \_\_\_\_\_

CONSULTANT: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

C-57 lic. # \_\_\_\_\_ Marin County Business Lic. # / Exp. Date (unincorporated areas) \_\_\_\_\_

### Complete if applying to drill new water, monitoring, geothermal or cathodic protection wells or repairs/upgrades:

Use of water well: Domestic \_\_\_ Irrigation/Ag \_\_\_ Commercial \_\_\_ Other than a water well \_\_\_\_\_

This water supply will be used as a drinking water source: Yes \_\_\_ No \_\_\_ The water well will serve: \_\_\_\_\_

How many parcels? \_\_\_ How many residences? \_\_\_ Other info about use \_\_\_\_\_

Sewage Facilities: Septic System \_\_\_ Distance to well: \_\_\_ feet Public Sewer Main: \_\_\_ Distance to well: \_\_\_ feet

Building sewer lateral material: PVC or Cast Iron or Ceramic or Other \_\_\_\_\_ Distance to well: \_\_\_ feet

Include site plan with homes, septic tank, leach fields, plumbing, water and fire protection storage tanks, animal enclosures, etc.

### Complete if applying to operate a domestic water supply:

Water source is a well, spring, infiltration gallery, other? \_\_\_\_\_

1. Bacteriological test date: \_\_\_\_\_ 2. Chemical tests date / treatment plan: \_\_\_\_\_

3. Yield test date: \_\_\_\_\_ 4. Well drillers report: WCR# \_\_\_\_\_ 5. Water storage in gallons for drinking only: \_\_\_\_\_

6. Plans (see requirements above) \_\_\_\_\_ 7. How many parcels? \_\_\_\_\_ 8. How many residences? \_\_\_\_\_

### Complete if applying to construct monitoring wells:

(Include 3 sets of a scaled site plan; indicate USTs.)

Reason for installing monitoring wells: \_\_\_\_\_ Depths of wells: \_\_\_\_\_ Seal depths: \_\_\_\_\_

Sketch or description of the proposed construction of the monitoring wells \_\_\_\_\_

### Complete if applying to drill cathodic protection wells:

(Include 3 sets of a scaled site plan.)

Distance to street sewer mains: \_\_\_ feet Underground tanks: \_\_\_\_\_ feet Distance to sewer laterals: \_\_\_ feet

### Complete if applying for soil borings / test holes:

(Include 3 sets of a scaled site plan.)

Reason for drilling / type of test hole: \_\_\_\_\_ Depths of holes: \_\_\_\_\_ Sealing material \_\_\_\_\_

### Complete if applying for destroying a well:

(Include 3 sets of a scaled site plan.)

Type of well: Domestic \_\_\_ Irrigation/Agricultural \_\_\_ Monitoring \_\_\_ Cathodic Protection \_\_\_ Other (describe) \_\_\_\_\_

Reason for destroying well: Abandoned \_\_\_\_\_ Hazardous contamination \_\_\_\_\_ Dry / No Yield \_\_\_ Other \_\_\_\_\_

All work shall meet standards in the California Well Bulletins 74-81, 74-90, and the CA Code of Regulations, Title 26.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_