



Division of Environmental Health

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WATER WELL APPLICATION
CONSTRUCTION – REPAIR – DESTRUCTION
The Well Permit will be returned to the property owner when approved by
Humboldt County Division of Environmental Health (DEH)

Instructions:

1. Complete both sides and submit the Water Well Application with required fee. Include Well Driller’s signature and property owner’s signature.
2. Work on a well shall not be started prior to approval of the Water Well Application by DEH.
3. Any changes made to the location of a new well shall be approved by DEH prior to commencement of drilling.
4. Well Driller shall notify DEH a minimum of 24 hours prior to sealing the annular space.

Site Address _____	APN _____	
City/State/Zip _____	CA _____	
Directions to Site _____ _____		
Applicant _____	Contact _____	
Mailing Address _____	Work Phone _____	
City/State/Zip _____	Cell Phone _____	
Property Owner _____	Home Phone _____	
Mailing Address _____	Work Phone _____	
City/State/Zip _____	Cell Phone _____	
I hereby grant ‘right-of-entry’ for inspection purposes _____		
Drilling _____	C-57 _____	
Contractor _____	License # _____	
I hereby agree to comply with all laws and regulations of the County of Humboldt and the State of California Department of Water Resources Bulletin 74 pertaining to water well construction. I will contact Humboldt County Division of Environmental Health (DEH) when I commence work. Within 30 days after completion of work, I will furnish DEH a report of the work performed.		
Well Driller Signature: _____		
Would driller like a copy of approved application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> U.S. Mail address: _____		
<input type="checkbox"/> Email address: _____		
<u>Type of Application:</u>	<u>Construction:</u>	<u>Intended Use:</u>
<input type="checkbox"/> Construction	Estimated Depth (ft.) _____	<input type="checkbox"/> Domestic - private
<input type="checkbox"/> Destruction	Diameter (in.) _____	<input type="checkbox"/> Community Supply
<input type="checkbox"/> Repair/Modification	Depth of Seal (ft.) _____	<input type="checkbox"/> Irrigation
	Sealing Material _____	<input type="checkbox"/> Other _____

<u>Estimated Work Dates:</u>	<u>Casing:</u>	<u>Type of Sewage System:</u>
Start _____	Diameter (in.) _____	<input type="checkbox"/> Community Sewer
Completion _____	Material _____	<input type="checkbox"/> OWTS (Septic)
		Distance from well site to OWTS _____

Special Requirements/Comments:

PLOT PLAN

FOR OFFICE USE ONLY

Fee: _____	Site Approved by: _____
Date: _____	Site Approved Date: _____
Receipt: _____	Sealed to Depth of: _____
Project #: _____	Seal observed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Paid by: _____	Final Approved Date: _____