

WELL PERMIT APPLICATION NON-PRODUCTION WELLS
 CITY OF VERNON ENVIRONMENTAL HEALTH DEPARTMENT
 4305 S. SANTA FE AVE., VERNON CA 90058 (323) 583-8811 FAX (323) 588-4320

Permit No. _____
 Dept. use only

DATE: _____

WELL INFORMATION	<input type="checkbox"/> NEW WELL CONSTRUCTION <input type="checkbox"/> RECONSTRUCTION OR RENOVATION <input type="checkbox"/> DECOMMISSIONING <input type="checkbox"/> OTHER:	WELL TYPE	<input type="checkbox"/> MONITORING <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> CATHODIC <input type="checkbox"/> SOIL BORING <input type="checkbox"/> INJECTION <input type="checkbox"/> OTHER (Specify) : <input type="checkbox"/> EXTRACTION
	SITE ADDRESS		CITY
WELL I.D. NO. :		WELL DEPTH :	GPS Coordinates:

WELL OWNER	Name	
	Address	
	City, State Zip Code	
	Telephone	

CONSULTANT	Company	
	Contact Person	
	Address	
	City, State Zip	
	Telephone	

DRILLER	Name	
	Address	
	City / Zip	
	Telephone	
	C-57 License No.	

This application must include three (3) copies of each of the following:

- Area map showing setbacks to neighboring properties and streets
- Site plan showing well location and setbacks to permanent structures
- Detailed construction, repair, or decommissioning plans
- Cross section of well installation / structure

WELL STRUCTURE	Type / Size of Casing	
	Sanitary seal Material	
	Depth of Sanitary Seal	

WORK PLAN APPROVAL	
This Approval is Valid for 180 Days	
Date	REHS

WELL DECOMMISSIONING	Well Log or Records Attached ?	
	Method and Depth Of Well Casing Decommissioning	
	Type and Amount of Sealant	
	Method of Upper Seal Pressure	

Conditions:

- 1** If the well and geologic conditions encountered in the field are found to differ from the scope of work presented to this office, work plan modifications may be required.
- 2** This Department must be notified 3 working days prior to the start of construction or any well sealing activities.
- 3** This permit is considered complete only after a final inspection has been done and a well log has been received and approved by this Department.

Other conditions and comments:

I hereby agree to comply in every respect with all the regulations of the City of Vernon Environmental Health Department and with all regulations of the State of California pertaining to well construction, reconstruction and decommissioning. Upon completion of the well and within thirty days thereafter, I will furnish the Environmental Health Department with a completion log of the well giving date drilled, depth of the well, perforations in the casing, and any other data deemed necessary by City of Vernon Environmental Health Department.

Applicant's Signature

Applicant Name:	
Telephone:	

FINAL INSPECTION	
Date	REHS
FINAL APPROVAL	
The well log must be submitted to this Department prior to issuance of the final approval	
Date	REHS