

# WELL CONSTRUCTION & DESTRUCTION – APPLICATION & PERMIT

Los Banos Municipal Code Title 6 Chapter 8

## City of Los Banos Public Works Department

411 Madison Ave., Los Banos, CA 93635 (209) 827-7056 fax: (209) 827-7069

## PERMIT #

(office use)

### OWNER INFORMATION & DECLARATION

\_\_\_\_\_  
name of property owner ( ) phone

\_\_\_\_\_  
mailing address

\_\_\_\_\_  
city state zip

#### Purpose of Well & Declaration (✓ all that apply):

- Initial Well  Additional Well   
Multiple Homes, School, or Business Well   
Replacement of Failed Well

As property owner, I give permission to drill the well(s) indicated by this application. A plot plan indicating each existing and proposed well will be included. An application involving Additional Well, Replacement of Failed Well, or an out-of-service well will be accompanied by a Letter of Intent, signed by myself, for each existing well.

\_\_\_\_\_  
signature of property owner or trustee date

### WELL LOCATION

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
APN township range section

\_\_\_\_\_  
street address city

\_\_\_\_\_  
subdivision name lot #

A plot plan shall be submitted with each application.

### TYPE OF WELL

✓ all squares and circles that apply

- Test Well (w/temp. casing) – Private (T)   
Test Well (w/temp. casing) – Public (T)   
Domestic Well – Private (DO)   
For Dairy?   
Domestic Well – Public (DO)   
For Dairy?   
Irrigation Well (IR)   
Reconstruction (RE)   
Well Destruction (WD)   
Monitoring Well (M)   
To Check For Contamination?   
Soil Boring (Test Hole) (B)   
To Check For Contamination?   
Hydro Punch (HP)   
To Check For Contamination?   
Cathodic Protection Well (CP)

### CONTRACTOR INFORMATION & DECLARATION

\_\_\_\_\_  
name of contractor ( ) phone

\_\_\_\_\_  
mailing address

\_\_\_\_\_  
city state zip

#### Declaration:

I hereby affirm that I have a C-57 license in full force and effect under the provisions of the Business and Professions Code, Chapter 9, Division 3 (commencing with Section 7000) and the plot plan submitted with this application is accurate and representative of site conditions.

\_\_\_\_\_  
signature of contractor license #

### PERMIT CONDITIONS & COMMENTS (office use)

Letter(s) of Intent required ; Letter(s) received

Maintain all setbacks. Request an inspection, with permit number, at least 24 hours prior to desired time.

Permit is valid for 180 days from the date of issuance.

### CONSTRUCTION INFORMATION

Rotary/Rev. Rotary  Cable Tool  Other \_\_\_\_\_  
Estimated Depth \_\_\_\_\_ ft. Casing Diameter \_\_\_\_\_ in.  
Conductor Casing

### FEES (office use)

Total \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Date Paid \_\_\_\_\_ Invoice # \_\_\_\_\_

### APPROVAL (office use)

\_\_\_\_\_  
Signature of Public Works Director/City Engineer Date