



Humboldt County Department of Health and Human Services DIVISION OF ENVIRONMENTAL HEALTH

100 H Street - Suite 100 - Eureka, CA 95501
 Voice: 707-445-6215 - Fax: 707-441-5699 - Toll Free: 800-963-9241
 envhealth@co.humboldt.ca.us

WATER WELL APPLICATION CONSTRUCTION - REPAIR - DESTRUCTION

Instructions:

1. Complete both pages of the application and submit the required fee with the Well Permit application, including Well Driller's signature.
2. The Well Permit will be returned to the property owner by mail when approved by the Humboldt County Division of Environmental Health (DEH).
3. Work on the well shall not be started prior to approval of the Well Permit Application by DEH.
4. Any changes made to the location of a new well shall be approved by DEH prior to commencement of drilling.
5. DEH shall be notified by the Well Driller a minimum of 24 hours prior to sealing the annular space.

Site Address _____ APN _____

City/State/Zip _____ CA _____

Directions to Site _____

Property Owner _____

Mailing Address _____

City/State/Zip _____ Phone _____

I hereby grant 'right-of-entry' for inspection purposes _____

Drilling Contractor _____ C - 57 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 15 days after completion of work, I will furnish DEH a report of the work performed and notify them before putting the well into use.

Well Driller Signature: _____

Type of Application:

- Construction
- Repair
- Destruction

Estimated Work Dates:

_____ Start
 _____ Completion

Construction:

Estimated Depth (ft.) _____
 Diameter (in.) _____
 Depth of Seal (ft.) _____
 Sealing Material _____

Casing:

Diameter (in.) _____
 Material: _____

Intended Use:

- Domestic - private
- Community Supply
- Irrigation
- Other _____

Type of Sewage System:

- Community Sewer
- Septic System

Distance from well site to septic-system(s) _____

FOR OFFICE USE ONLY

Fee: _____
 Date: _____
 Receipt: _____
 By: _____
 Approved by: _____

Permit Number _____

Site Approved By: _____
 Site Finaled By: _____
 Sealed to Depth of: _____
 Seal Observed: Yes No
 Date Approved: _____



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WATER WELL APPLICATION

Site Location: _____ APN _____
City/State/Zip _____ CA _____

Special Requirements / Comments:

PLOT PLAN