

APPLICATION FOR WELL DESTRUCTION PERMIT

ORANGE COUNTY HEALTH CARE AGENCY
ENVIRONMENTAL HEALTH DIVISION

1241 E. DYER ROAD, SUITE 120
SANTA ANA, CA 92705-5611

(714) 433-6000
FAX: (714) 433-6481

CITY _____	DATE _____	WELL PERMIT NUMBER
WELL LOCATION (ADDRESS IF AVAILABLE) _____		
NAME OF WELL OWNER _____	NAME OF CONSULTING FIRM _____	
ADDRESS _____	BUSINESS ADDRESS _____	
CITY _____ ZIP _____ TELEPHONE _____	CITY _____ ZIP _____ TELEPHONE _____	
NAME OF DRILLING CO. _____	C-57 LICENSE NUMBER _____	
CITY _____ ZIP _____ TELEPHONE _____	WELL DEPTH _____ Feet DIAMETER _____ Inches TYPE OF WELL/TOTAL NUMBER _____ <input type="checkbox"/> WATER <input type="checkbox"/> CATHODIC <input type="checkbox"/> MONITORING <input type="checkbox"/> OTHER	
SEALING MATERIAL / ESTIMATE AMOUNT OF SEALING MATERIAL NEEDED _____	PROPOSED START DATE _____	
METHOD OF DESTRUCTION _____		
DIAGRAM OF WELL SITE (Use additional sheets and/or attachments) <input type="checkbox"/> SITE PLAN ATTACHED	I HEREBY AGREE TO COMPLY IN EVERY RESPECT WITH ALL REQUIREMENTS OF THE HEALTH CARE AGENCY AND WITH ALL ORDINANCES AND LAWS OF THE COUNTY OF ORANGE AND OF THE STATE OF CALIFORNIA PERTAINING TO WELL CONSTRUCTION, RECONSTRUCTION AND DESTRUCTION. _____ APPLICANT'S SIGNATURE DATE _____ PRINT NAME _____ PHONE NUMBER FAX NUMBER	
FOR ACCOUNTING USE ONLY: HSO NO. _____ CHECK NO. _____ DATE _____ AMOUNT _____ INTL. _____	DISPOSITION OF PERMIT (DO NOT FILL IN): <input type="checkbox"/> APPROVED SUBJECT TO THE FOLLOWING CONDITIONS: A. <input type="checkbox"/> NOTIFY THIS AGENCY AT LEAST 48 HOURS PRIOR TO START. B. <input type="checkbox"/> SUBMIT TO THE AGENCY A WELL DESTRUCTION REPORT. PLEASE REFERENCE PERMIT NUMBER. C. <input type="checkbox"/> OTHER _____ <input type="checkbox"/> DENIED _____	
APPROVAL BY OTHER AGENCIES: JURISDICTION _____ REMARKS _____ _____ _____	_____ PERMIT ISSUED BY DATE _____ PRINT NAME PHONE NUMBER	
_____ AUTHORIZED SIGNATURE DATE	_____ PRINT NAME PHONE NUMBER	

WHEN SIGNED BY ORANGE COUNTY HEALTH CARE AGENCY REPRESENTATIVE, THIS APPLICATION IS A PERMIT.