**COUNTY OF LAKE**
**HEALTH SERVICES DEPARTMENT**
Division of Environmental Health
Lakeport:
922 Bevins Court, Lakeport, CA 95453-9739
Telephone 707/ 263-1164 FAX: 263-1681

**Jonathan Portney**
Health Services Director

**Jennifer Baker**
Deputy Health Services Director

**Craig Wetherbee**
Environmental Health Director

## Well permit application instructions:

Environmental Health will not accept any faxed or emailed well permit applications to be issued; they must be an original with a **wet** well driller's signature

Environmental Health will be checking the well driller's signature against the personnel list on the Contractor License. If the name and signature **are not** on the personnel list and they are a designated person to sign well permits, we must have a letter from the well driller or an officer of the corporation stating this person has been authorized to sign well permits.

All well permits must have a map, either use the one provided or provide your own.

The well clearance form **only** needs to be completed by the owner for Domestic, Public or Agriculture well permits.

Lake County Health Services Department
**Environmental Health Division**
922 Bevins Ct. Lakeport, CA 95453
Phone: 707-263-1164 Fax: 707-263-1681

# WELL PERMIT APPLICATION

(DOMESTIC USE WELLS)

SEE LAKE COUNTY ORDINANCE NO. 1823 FOR WELL CONSTRUCTION, DESTRUCTION AND REPAIR REQUIREMENTS.

| | | | |
|---|---|---|---|
| Job Location Adress: | | | |
| APN: | | Phone: | |
| Property Owner: | | City: | |
| Mailing Address: | | Zip: | |
| Well Driller: | | | |
| Mailing Address: | | City, St, Zip: | |
| CA C-57 Licences No. | | Phone: | |
| Well Driller Printed Name: | | | |

**I hereby declare that I am licensed under the provisions of Chapter 9 of Division 3 of the Business and Professions Code, and my license is in full force and effect. I further declare that all information provided on this application and any attached documents is true and accurate to the best of my knowledge and that of the property owner I represent. These declarations are made under penalty of perjury.**

Well Driller's Signature:

Type of Work ☐ New Well ☐ Repair/Alteration ☐ Destruction ☐ Test Well

Construction: ☐ Cable and Tool ☐ Mud Rotary ☐ Air Rotary ☐ Other:

Casing Type: Wall Thickness: Diameter:

Proposes Depth of Seal: Bore Hole Diameter: Variance:

Seal Material ☐ Concrete ☐ Bentonite Clay ☐ Sand-Cement Grout ☐ Neat Cement
☐ Other:

**PLEASE COMPLETE ALL ATTACHMENTS**

**THIS PERMIT IS VALID FOR ONE YEAR FROM THE DATE OF ISSUANCE**

DRILLERS ARE REQUIRED TO PROVIDE A MINIMUM OF 12 HOURS OF ADVANCED NOTICE PRIOR TO SEALING THE ANNULAR SPACE

Date Received: Fee Paid: Receipt Number:

☐ Well Driller License Verified By:

100 Year Flood Plain ☐ Yes ☐ No Zone: Elevation:

Water Resources: Minimum Casing Height: > One foot above the elevation of the 100-Year flood plain elevation or above any known condition of flooding by drainage or runoff from the surrounding land

Issued By: Date:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Site #1 Seal Depth | | - | | Total feet below ground surface: | | ☐ | Well | ☐ | Boring |
| Site #1 Seal Depth | | - | | Total feet below ground surface: | | ☐ | Destruct | ☐ | Boring |
| Site #1 Seal Depth | | - | | Total feet below ground surface: | | ☐ | Destruct | ☐ | Boring |

| | | | |
|---|---|---|---|
| ANNULAR SEAL VERIFIED BY: | | DATE: | |
| DESTRUCTION VERIFIED BY: | | DATE: | |
| WELL COMPLETION REPORT (WELL LOG) RECEIVED BY: | | DATE: | |
| | **WELL PERMIT NUMBER:** | | |

## LOCATION MAP

DIRECTIONS (Please include mile post markers, landmarks, nearest cross street, etc.):

## DRAW TO SCALE ANY OF THE FOLLOWING WITHIN 200 FEET OF THE WELL.

1. Well/wells existing and proposed
2. Property lines
3. Easements or roads
4. All existing and proposed sewage disposal systems within 100 feet, adjacent parcels included.
5. Any facilities or piping designed to carry or hold sewage.
6. Any storage or mixing area which involves Hazardous materials
7. Any structures
8. North/South Arrow
9. Show road or street with name/reference point
10. Photo Map if available
11. http://gispublic.co.lake.ca.us/flexviewer/index.html- highlight and paste in internet search box

DRAWN TO THE SCALE OF _____

**N-7-22 – Executive Order Summary**

On March 28, 2022, Governor Gavin Newsom signed Executive Order N-7-22 ("Executive Order") in response to extreme and expanding drought conditions which placed restrictions on Lake County Environmental Health ("EH") when issuing a construction permit for a new groundwater well or for alteration of an existing groundwater well unless certain requirements are met or the permit falls within the limited exception to the requirements. A complete copy of the Executive Order is available here: https://www.gov.ca.gov/wp-content/uploads/2022/03/March-2022- Drought-EO.pdf (see Paragraph 9).

**Limited Exception**:
Paragraph 9 of the Executive Order does not apply to permits for wells that will provide less than two (2) acre-feet per year of groundwater for individual domestic users or that will exclusively provide groundwater to public water supply systems as defined in Health and Safety Code Section 116275. If a water well construction permit application for a new groundwater well or for alteration of an existing groundwater well identifies the "intended use" in the Well Permit Application as "Domestic," EHS will treat the permit as exempt from the requirements of the Executive Order if and only if the owner of the well signs and submits the **EO-N-7-22 Supplemental Declaration Form.**

If a water well construction permit application for a new groundwater well or for alteration of an existing groundwater well identifies the "intended use" in the Well Permit Application as "Public / Community water system," EHS will treat the permit as exempt from the requirements of the Executive Order if and only if an authorized representative of the public water system provides the identification number and submits the
**EO-N-7-22 Supplemental Declaration Form.**

**Licensed Professional Geologist Report Required for ALL Non-Exempt Wells** Regardless of the well's location, the water well construction permit application for a non-exempt new or altered groundwater well must be accompanied by a report signed by a California licensed Professional Geologist with a Hydrogeologist Specialty Certification that concludes both that extraction of groundwater from the well (1) "is not likely to interfere with the production and functioning of existing nearby wells" and (2) "is not likely to cause subsidence that would adversely impact or damage nearby infrastructure." (See Paragraph 9(b) of the Executive Order).

**Verification from Groundwater Sustainability Agency for Certain Non-Exempt Wells**
Additionally, EH will not issue a water well construction permit for a non-exempt new groundwater well or alteration of an existing groundwater well located within the Big Valley Basin (Basin Number 5-015) as identified by the Department of Water Resources without first obtaining from the relevant Groundwater Sustainability Agency the verification required by Paragraph 9(a) of the Executive Order (in addition to the report described above).

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HEALTH SERVICES
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**Well Permit Application**
**EO-N-7-22 Supplemental Declaration Form**

## Well for Individual Domestic Use

As the owner of the proposed well or existing well to be altered and as a necessary condition on the issuance of a water well construction permit for a new groundwater well or alteration of an existing groundwater well, I hereby declare for myself, successors and assigns, that no more than two (2) acre feet per year will be pumped from the well AND that all water pumped from the well will be used only to supply water for Individual Domestic Use of an individual residence or a commercial structure. Without limiting the foregoing, I acknowledge that such needs may include any non-incidental commercial use regardless of scale, including, without limitation, use for the growing of food or other crops for sale in any venue, including, without limitation, at a local farmer's market.

Individual Domestic Use: Water used to for the domestic needs of an individual residence or systems of four or less service connections.

Note: A domestic well may be used for commercial properties provided the water use is incidental to the operations of that business such as, but not limited to, drinking water, laundering of soiled linens, hand washing, toilet flushing etc.

I declare under penalty of perjury that the above declaration is true and correct.

Printed Name _____ Date: _____

Signature: _____

**EH OFFICE USE ONLY**

Permit Number:

WP Number:

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**Well Permit Application**
**EO-N-7-22 Supplemental Declaration Form**

**Well for a Public Water Supply System**

Public Water System Name: _____

Public Water System ID Number: _____

As an authorized representative for the water system identified above, I hereby declare that the proposed well or existing well to be altered will be exclusively used to provide groundwater to the public water supply system for human consumption as defined in Health and Safety Code Section 116275. I further declare that a previously constructed public water supply system well will not be replaced by the proposed well such that the previously constructed well can be used for purposes other than human consumption.

I declare under penalty of perjury that the above declaration is true and correct.

Printed Name _____ Date: _____

Signature: _____

**EH OFFICE USE ONLY**

Permit Number:

WP Number:

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# COUNTY OF LAKE

**Community Development Department**
**Planning Division**
255 N. Forbes, Courthouse – Third Floor
Lakeport Office (707) 263-2221 FAX 263-2225


## WELL CLEARANCE

**APN #:** _____

I hereby acknowledge that this permit does not constitute a permit or grant of approval for development as defined by Sections 66418.1 and 66419 of the Subdivision Map Act. The property on which this well is to be located may not be considered a legal lot of record as defined by the Subdivision Map Act or Lake County Subdivision Ordinance.

_____

**Property Owner Signature**

_____

**Property Owner Printed**

**DATE:** _____

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# NOTICE

## EFFECTIVE DATE 7/9/2020

### Environmental Health Land Program Refund Policy

1. **Refund requests must be submitted in writing, using form RF-001.**
2. **Refund requests are subject to 10% retention of the permit or service fee.**
3. **Refund requests are subject to 50% retention of the permit or service fee if an inspection has been performed.**
4. **Permits can be renewed BEFORE the expiration date and will be extended for another year (expiring two years from original date of issuance).**
5. **Expired permits are non-refundable.**
6. **Applications / unissued permits expire after one year.**

**Any customer requesting a refund must complete the Refund Request Form (Form RF-001).**