



Application for Permit to Operate a Well

Date of Application: _____ Type of Business: _____

Location: _____

Facility Name: _____

Address: _____ Telephone #: _____

Permit to be issued in the name(s) of, or if Corporation, specify Corporation name and list principal officers:

Type of ownership: Sole Owner Corporation Partnership

Type of transaction: Ownership change Reclassification New Installation Record Purpose

Type of Well(s): Monitoring Recovery Drinking Industrial Irrigation Other

Name of Property Owner(s): _____

Address: _____ Telephone #: _____

Signature(s) of Applicants(s):*

X _____ X _____

X _____ X _____

*If Partnership, all partners must sign. If Corporation, authorized Officer must sign. Must be **WET** signature(s).

For Department of Public Health Office Use Only

Special notes: _____

Filing Fee: _____ Well Log: _____ Location of Well(s) Map _____

Number of Wells: _____ DWR Well Completion Report: _____

Inspector's Report

To the Director of Public Health:

After having made a careful inspection in the above case on _____, 20 ____

I **recommend** the issuance of a New Permit to operate

I **disapprove** the issuance of a New Permit to operate for the following reasons:

X _____

Principal Inspector

X _____

Inspector

District #	Census Tract	Permit #	Type of Permit