



SIERRA COUNTY
DEPARTMENT OF PLANNING AND BUILDING
 P.O BOX 530
 Downieville, California 95936
 (530) 289-3251 FAX (530) 289-2828
building@sierracounty.ca.gov

FORM NUMBER

BD-19

For Official Use Only

H.D. APPROVAL#

Issued date: _____ PERMIT#

BUILDING PERMIT APPLICATION FOR WELL
IDENTIFY THE PROJECT

PROJECT LOCATION:

Property Address (street address): _____

Subdivision/Area: _____ Assessor Parcel Number: _____ - _____ - _____

PROPERTY OWNER INFORMATION:

Property Owner's Name: _____ Phone #: _____

Mailing Address: _____ E-mail Address: _____

IDENTIFY SCOPE OF WORK

DATE OF WORK	TYPE OF WORK	USE	PROPOSED GPM
Start: _____ Completion: _____	<input type="checkbox"/> New Well <input type="checkbox"/> Repair or Modification <input type="checkbox"/> Destruction	<input type="checkbox"/> Domestic <input type="checkbox"/> Test Wall <input type="checkbox"/> Agriculture <input type="checkbox"/> Monitoring <input type="checkbox"/> Livestock <input type="checkbox"/> Community Other _____	<input type="checkbox"/> 0-25 GPM <input type="checkbox"/> 25-99 GPM <input type="checkbox"/> 100+ GPM
VALUE (Cost of all labor & materials) \$ _____			

PROPOSED CASING	EQUIPMENT	PROPOSED PERFORATIONS OF SCREEN	PROPOSED SEALING ZONE (s)
<input type="checkbox"/> Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other <input type="checkbox"/> Wall or Gage _____ OD Diameter size	<input type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Other	From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet ACTUAL From _____ to _____ Feet From _____ to _____ Feet	From _____ to _____ Feet From _____ to _____ Feet From _____ to _____ Feet ACTUAL From _____ to _____ Feet From _____ to _____ Feet

SEALING MATERIAL	SEALING METHOD	PROPOSED WELL DEPTH	Pump: Yes ___ No ___
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Sand-Cement <input type="checkbox"/> Bentonite Clay <input type="checkbox"/> Concrete	<input type="checkbox"/> Pressure <input type="checkbox"/> Other	Feet _____ Actual Feet _____	
			Pump House: Yes ___ No ___ <i>(If yes, Engineered Plans Required)</i>

PROVIDE A SCALED PLOT PLAN FOR 100 FOOT RADIUS FROM WELL TO INCLUDE:** Easements, other existing wells, animal enclosures, access roads, drainage, overhead power, property lines, sewage disposal systems, fuel tanks (above or below ground), water courses, springs, creeks, rivers, etc., and indicate northerly direction. **** (200 FOOT RADIUS for public well)**

WELL DRILLER IS TO SUPPLY WELL LOG UPON COMPLETION

IDENTIFY WELL DRILLER/PERMIT HOLDER

(A) - CALIFORNIA LICENSED WELL DRILLER DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Profession Code and my license is in full force and effect.

State of California Contractor's License Number: _____ Class: _____ Expiration Date: _____

Name: _____

Mailing Address: _____

E-Mail: _____ Phone: _____

Contractor or ** Authorized Agent's Signature _____ **Print** _____
****Requires Proof of Authorization from Contractor**

IDENTIFY WORKERS' COMPENSATION

WARNING: Failure to secure workers' compensation coverage is unlawful, and can subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000.00), in addition to the cost of compensation and damages as provided for in Section 3706 of the Labor Code, plus interest and attorney's fees.

I hereby affirm under penalty of perjury one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. Policy #:
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: Insurance Carrier: Policy Number: Exp. Date:
I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California; and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions. Contractor, *Property Owner, or **Authorized Agent's Signature: Date:
**Requires Proof of Authorization from Contractor

APPLICANT'S DECLARATION

By my signature below, I certify to each of the following: I am a California Licensed Well Driller Authorized Agent/Employee

I have read this permit application and the information I have provided is true and correct. I agree to comply with all applicable county ordinances and state laws relating to building construction. I authorize representatives of Sierra County to enter upon the above-identified property for inspection purposes [HSC 19825 (a)].

Applicant's Signature: Print: Date:

Note: A valid permit results when a permit card is issued by the Building Department. DO NOT begin work without issuance of a valid permit.

DO NOT FILL IN BELOW THIS LINE

NOTE: APPROVAL OF THE HEALTH DEPARTMENT IS NOT A GUARANTEE THAT THE PROPOSED INSTALLATION WILL OPERATE SUCCESSFULLY, BUT MERELY THAT THE SYSTEM MEETS THE MINIMUM REQUIREMENTS OF THE HEALTH DEPARTMENT.

APPROVED APPROVED WITH CONDITIONS BACTERIOLOGICAL SAMPLE REQUIRED

Approval by: , EHS Date:

Final Inspection by: , EHS Date:

Remarks/Conditions: