Environmental Health ServicesLand Use Program

2000 Alameda de las Pulgas, Suite #100 San Mateo, CA 94403 Phone:(650) 372-6200 Fax: (650) 627-8244 smchealth.org/landuse

WATER WELL APPLICATION CHECKLIST

*Application(s) that are not completely filled out will not be processed.

APPLICATIONS MUST BE:

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✓	Complete with current application(filled out and signed)
	☐ Check box indicating the service(s) applying for
	☐ APN (Assessor Parcel Number) or listed as CATHODIC
	☐ Mailing Address & Site Address (street, city, and zip)
	Applicant / Agent's Signature (Attach a letter from the property owner providing authorization if signed by an Agent.)
	$\hfill\Box$ Contractor's Information and Signature (except for Pump Test and Permit to Operate
	Submit with a form of payment (see Land Use Fee Guide): -Cash (over the counter only) -Check (made to San Mateo County), or -Credit Card (Visa, Mastercard; over the counter or by phone only)
	☐ 3 Scaled plot plans submitted (for Well Drilling Permit or Exception/Variance)
	Method of Abandonment/Destruction on separate sheet (required for Well Abandonment/Destruction only)

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WATER WELL APPLICATION

Domestic, Agricultural, Cathodic, Exploratory, Geothermal Heat Exchange

ALL WORK MUST BE SCHEDULED WIT (Check one or more)		AT LEAST 2 WORKING DAYS IN ADVANCE ed with application (See land use fee guide)				
☐ PE 4666 Well Drilling Permit	☐ PE 46	68 Certification (Pump Test)				
☐ PE 4667 Abandonment/Destruction	☐ PE 46	☐ PE 4672 Permit to Operate as Domestic Source				
☐ PE 4670 Permit Extension	☐ PE 42	PE 4210 Resubmttal:				
☐ PE 4678 Exception/Variance	☐ PE 46	☐ PE 4699 Other:				
Ground Source Heat Exchange Bores: (check one)						
☐ PE 4686 from 1 to 3 bores	☐ PE 4688 from 9 to 13 bores ☐ PE 4690 from 20 to 29 bores					
☐ PE 4687 from 4 to 8 bores	☐ PE 4689 from 14 to 19 bores ☐ PE 4691 from 30 to 39 bores					
SITE INFORMATION:						
SITE ADDRESS:	City:	Zip:				
APN (9 digit number required):	CDX or CDP:					
Type of well:	Depth to be drilled:					
Depth of proposed annular seal:	Size of outer casi	ng: Type of casing:				
WELL OWNER INFORMATION:						
WELL OWNER:	Phone:	Cell Phone:				
PROPERTY OWNER INFORMATION:						
PROPERTY OWNER:						
Mailing Address:	City:	Zip:				
Phone: Cell Phone:						
CONTRACTOR INFORMATION:						
CONTRACTOR:	C-57 License	C-57 License Number:				
Mailing Address:	City:	Zip:				
Phone:	Email:					
Contractor Signature:		Date:				
Property Owner/Agent Signature:		Date:				
(Attach a letter from the property owner providing authorization if signed by an agent)						

See next page for important notes.

ALL FEES ARE NON-REFUNDABLE

APPLICATION WILL BE VOID AFTER 1 YEAR FROM DATE OF SUBMITTAL IF UNABLE TO PERMIT PERMITS ARE NONTRANSFERABLE AND MUST BE POSTED ON-SITE IN A CONSPICUOUS PLACE

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^{*}APN (Assessor Parcel Number) or as CATHODIC for cathodic protection wells in public right-of-way

^{*}Applicant/Agent's Signature (Attach a letter from the Property Owner providing authorization if signed by an Agent.)

^{*}Contractor's information and signature (except for Pump Test and Permit to Operate)

^{*3} Plot plans submitted (for Well Drilling Permit or Exception/Variance)

^{*}Method of Abandonment/Destruction on separate sheet (required for Well Abandonment/Destruction only)

WATER WELL APPLICATION

DOMESTIC, AGRICULTURAL, CATHODIC, EXPLORATORY, GEOTHERMAL HEAT EXCHANGE

The State Water Resources Control Board, (916) 657-2170, has requested that we provide the following notification:

Notice

Please be advised that any actual or threatened diversion of water, except under existing water rights, prior to obtaining an appropriation permit from, or registering a small domestic use with the State Water Resources Control Board, is in violation of law. Such violation may result in assessment of monetary penalties against the diverted (see California Water Code Sections 1052 and 1225). Water rights have been adjusted for Pilarcitos Creek and San Gregorio Creek and Tributosis. Also, construction of a water project may be subject to the California Environmental Quality Act and should not be commenced prior to completion of necessary environmental clearances. Such clearance may be evidenced by receipt of an Appropriation Permit from the State Water Resources Control Board or, in case of registration of a Small Domestic Appropriation, by receipt of written approval from the California Department of Fish and Game.

County Policies of Note

Well sites must be winterized to prevent siltation, must be restored to as close as possible to their native condition, must comply with all regulations of the State of California, the County and the Town or City in which they are located. Site restoration is the responsibility of the property owner.

Mud pits should not be excavated in the drip line of trees.

Coastal wells must comply with Coastal Commission rulings, and the Local Coastal Plan.

The Local Coastal Plan includes special requirements for wells proposed in riparian corridors, or riparian corridor buffer zones.

Wells cannot be located in flood *flow zones* and the casing of wells must extend at least 2 feet above the *hundred-year flood zone* elevation.

Setbacks - the San Mateo County Well Ordinance lists required setbacks - make sure that you have checked these setbacks.

For domestic water wells a drilling permit, certification and a permit to operate domestic water well are all required.

Check with the Environmental Health Specialist assigned to your area for clarification of this or any other regulation.

Site restoration must be implemented within 60 days of the well completion and within one year of the issuance of the permit.

SAN MATEO COUNTY ENVIRONMENTAL HEALTH SERVICES 2000 ALAMEDA DE LAS PULGAS, SUITE 100, SAN MATEO, CA 94403 VOICE (650) 372-6200 FAX (650) 627-8244 SMCHEALTH.ORG

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