



# TRINITY COUNTY BUILDING & DEVELOPMENT SERVICES

ENVIRONMENTAL HEALTH DIVISION  
61 AIRPORT ROAD, PO BOX 476, WEAVERVILLE, CA. 96093  
Telephone 530/623-1459, Fax 530/623-1353

## APPLICATION TO OBTAIN A WATER WELL PERMIT

Permit Fee \$197

WP# \_\_\_\_\_

Receipt # \_\_\_\_\_

Date Paid \_\_\_\_\_

### Applicant Information

ASSESSORS PARCEL NUMBER (APN): # \_\_\_\_\_  
PROPERTY OWNER(S) \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I. Other Owner (If Applicable)

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: ( ) Fax: ( ) E-mail: \_\_\_\_\_

### Physical Location & Directions

Physical Location: \_\_\_\_\_  
Street Address City

Directions to site (The more details the better): \_\_\_\_\_ MAP ATTACHED:  YES  NO

### Well Driller Information

**Well Driller** (First & Last Name or Company): \_\_\_\_\_

Contact Telephone: ( ) Fax: ( )

Mailing Address: \_\_\_\_\_

Type of Well:  Domestic  Monitoring/Test  Community/Commercial  Industrial  Irrigation  
 Other

Proposed Well Depth: \_\_\_\_\_ Proposed Seal Depth: \_\_\_\_\_

Sealing Material: \_\_\_\_\_ Method: \_\_\_\_\_ Diameter: \_\_\_\_\_

Proposed Perforation Depth: \_\_\_\_\_ Proposed Treatment: \_\_\_\_\_

CONSTRUCTION START DATE: \_\_\_\_\_ SEAL DATE: \_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge.*

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### ENVIRONMENTAL HEALTH DIVISION ONLY: (Do Not Write Below This Line)

PERMIT APPROVED BY: \_\_\_\_\_ DATE EFFECTIVE: \_\_\_\_\_

EXPIRES ON: \_\_\_\_\_ FINAL INSPECTION: \_\_\_\_\_

No well drilling shall begin prior to the issuance of this permit. A 48-hour minimum notification of intent to seal must be given. Maintain a minimum setback distance to well of 100 feet from leach lines and 50 feet from septic tank.

Show pertinent details in an attached map or schematic drawing: buildings, septic tank, leach lines, property lines, neighboring property improvements, and so forth.