



COUNTY OF EL DORADO

ENVIRONMENTAL MANAGEMENT DEPARTMENT

<http://www.edcgov.us/EMD/>

PLACERVILLE OFFICE:

2850 Fairlane Court
Placerville, CA 95667
(530) 621-5300
(530) 642-1531 Fax

LAKE TAHOE OFFICE:

924 B Emerald Bay Road
South Lake Tahoe, CA 96150
(530) 573-3450
(530) 542-3364 Fax

APPLICATION FOR WELL PERMIT

Completed applications can be emailed to: EMD.info@edcgov.us

<input type="checkbox"/> New Construction	<input type="checkbox"/> Deepen	<input type="checkbox"/> Destroy	<input type="checkbox"/> Repair	<input type="checkbox"/> Other:	Estimated Start Date:
WELL TYPE					
<input type="checkbox"/> Domestic/Individual	<input type="checkbox"/> Public/Commercial	<input type="checkbox"/> Agricultural/Irrigation		<input type="checkbox"/> Other:	
<input type="checkbox"/> Geotech	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Vadose Zone	<input type="checkbox"/> Test Hole		<input type="checkbox"/> Soil Boring

OWNER INFORMATION			PROPERTY/FACILITY INFORMATION		
Name:			Name/dba:		
Address:			Address:		Parcel Size:
City:	State:	Zip:	City:	State:	Zip:
Phone:	Email:		APN:	T:	R: Sec:
CONTRACTOR INFORMATION					
Drilling Contractor:			Consultant*:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Contact:	Phone:		Contact:	Phone:	
Email:	Cell:		Email:	Cell:	
Contractor's Lic. No.	Lic. Type:				

*Consultant information required for remedial action sites.

CERTIFICATION

I UNDERSTAND THAT FUTURE DEVELOPMENT PERMITS MAY NOT BE ISSUED UNLESS RECORDED LEGAL ACCESS TO THE PROPERTY CAN BE DEMONSTRATED.

I certify that I am the owner of the above-described property, or the authorized representative of such owner, and that all the information I have furnished is current and accurate to the best of my knowledge, and I intend to construct the water well as represented in this application. I understand that all work is to be done in accordance with El Dorado County Ordinance and California State Department of Water Resources Bulletin 74-81, 74-90, all subsequent bulletins, and the conditions of the Permit Application, including any conditions which may be added or changed by EMD upon review of this Application and issuance of the Permit. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the permit regulations.

Authorized Signature:	Date:
Print Name:	Title:

Approved Application Serves as Permit: WP _____

<input type="checkbox"/> Approved	By:	Date:	Fee Paid (\$)	Inv. No.	Date Paid:
<input type="checkbox"/> Denied	Reason for Denial:				

