

Siskiyou County Community Development-Environmental Health Division

806 South Main Street, Yreka, CA 96097 – Telephone 530-841-2100 FAX 530-841-4076

Water Well Permit

T _____ R _____ S _____
Permit # _____

Applicant (Must be licensed contractor or property owner and must be legible.)

Name: _____

Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

Well Type	Annual Seal Depth
Domestic	20 foot minimum
Industrial.....	50 foot minimum
Agricultural	20 foot minimum
Public	50 foot minimum
Monitoring	as approved # _____
Deepening.....	n/a
Destruction	n/a
Soil Bores.....	as approved # _____
Other	as approved

Minimum thickness of annular space seal is 2 inches

A PLOT PLAN MUST be submitted on an 8.5"x11" sheet of paper. It must include all property boundaries, waterways, roads, septic systems and structures, location of the proposed well in relationship to the property boundaries.

Permit Conditions

- Well driller must provide a minimum of 24 hours' notice prior to installing or placing annular seal.
- All wells must be drilled under a C-57 license.
- Applicant/well driller is responsible for maintaining all setbacks as approved by on location map below including a minimum of 100 feet from any established on-site sewage disposal location.
- Owner and well contractor are required to submit a completed well log within 20 days of well completion.
- This permit does not guarantee issuance of any other development permits or land use requests for this property.
- This permit expires one year from the date of issuance.

Signature of Owner: (required on all applications)

I am the owner of the property and certify that the information contained herein is accurate. I understand that this application will become a permit upon review and approval by the Environmental Division. I understand that well construction may not begin prior to receiving a permit and all terms and conditions apply. I hereby authorized SISKIYOU County to enter the property for inspection purposes. I hereby authorize the contractor herein to obtain the permit.

Signature _____ Date _____

Signature of Contractor (required on all applications)

I certify that I possess a valid C-57 contractor's license that is in full force and effect. I certify that I have read this application and the above information is correct. I agree to comply with all Siskiyou County Ordinances and State Laws relating this well construction. I understand that well construction may not begin prior to receiving a permit and all terms and conditions apply.

Contractor _____ Date _____

Property Location

Property Owner: _____

Assessor's Parcel #: _____

Location: _____

Parcel Size: _____

Well Contractor

Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____

License #: _____

Fees

Well Permit.....	\$360
Well Deepening.....	\$185
Well Destruction.....	\$185
Monitoring Well(s) and Soil Bores (First 3).....	\$360
And \$75 for each additional well	

For Official Use Only

	Date	Initial
Property Owner Verification: _____		
Set Back Requirements: _____		
Flood: _____		
City Public Works: _____		
Received by: _____ Date: _____		
Fee Received: _____		
Permission is hereby granted for the above well work in accordance with all State and County laws and standards as provided in Siskiyou County Code, Title 5, Chapter 8 and any conditions as set forth in this permit.		
Issued by _____ Date: _____		
Seal Inspection: _____ Date: _____		
Seal Depth: _____		
Final Inspection by: _____ Date: _____		
Inspection Notes: _____		
Date Well Log Received: _____ Log #: _____		

Location Map – (completed by department)

Environmental Health Division Siskiyou County Well Permit Application Checklist

All new well applications require submission of the following information, to the extent that it can be reasonably known. The Environmental Health Division collects this information to consider effects on Public Trust resources before a new well permit is issued.

Well Location and Owner/Applicant Contact Information

Well Location Address _____ City _____

Well APN _____ Well Latitude _____ Well Longitude _____

Applicant Name _____ Applicant Title _____

Applicant Address _____ Applicant City _____

Applicant Phone _____ Applicant Email _____

Property Owner Name _____ Property Owner Title _____

Property Owner Address _____ Property Owner City _____

Property Owner Phone _____ Property Owner Email _____

Proposed Well Information

Use of the well:

Domestic Irrigation Small Public Water Supply Municipal Public Water Supply

Industrial Stock Other: _____

Complete if Other than Domestic Well

i.e., Complete if the proposed well casing is greater than 6-inches in diameter or the well will use more than 2-acre feet of water/year. Note: Two-acre feet equal approximately 651.7 thousand gallons.

Use of Well (Check all that apply.) Agricultural Irrigation Irrigation Stock Water

Non-Ag Production Industrial Other, describe _____

Provide Site Location Map Information

A map of the well location must be attached to this form and shall include the following information:

- Legal lot and parcel dimensions
- All well locations on legal lot and parcel with type and use information shown for each well.
- Distance from proposed well to any potential sources of pollution onsite and on adjacent properties, including existing or proposed onsite septic systems, wells, animals or fowl enclosures, transmission lines, sewer lines.
- Distance from ponds, lakes, and streams within 300 feet

Siting Information

Distance to Nearest in Feet	Onsite	Offsite
Septic Tank		
Sewer Lines		
Existing Well(s)		
Animal or Fowl Enclosure		
Transmission Lines		
Pond/Lake		
Stream/River		

The Natural Resources Department (NR)—In order to provide adequate review to the Environmental Health Department, NR please answers to the following questions if applying for a well classified as “Production” and/or Stock water, meaning groundwater extraction will exceed 2 acre-feet per year or have a well casing greater than 6 inches in diameter:

SGMA GSP Subbasin: Butte Scott Shasta Tulelake

Non SGMA Subbasin

Will this groundwater replace an already existing water source? (i.e., Replacing a surface water diversion or existing groundwater pumping source? Yes No

What crop(s) will be irrigated? _____

Is the crop going to be on Newly Developed Historically, or Currently Irrigated Ground?

Production/Ag Well Water Use

How will the crop be irrigated?

Flood Sprinkler(wheel-line pivot other) Drip Other

What is the total irrigated acreage for proposed use? _____

Complete this question if well is projected to use more than 2-acre feet of water/year.

Additional Requirement

Do you have a report from a hydrogeologist meeting the requirements of the Governor's Executive Order N-7-22, #9b? Yes No

Stock Water Use

Animal species (list all that apply):

Estimated days per year in use? _____

Number estimated animals (List number for each species if multiple)?

Enter total estimated acre feet/year. _____

Decreed Water Rights

Is the right for the use of all or part of the water that would be extracted through this well subject to a Decree or other Court Order?

Yes No

Please describe the right in acres served or acre feet adjudicated:

If applicable and there are existing wells on the subject parcel (APN) complete the following for each existing well on the next page.

Existing Well Number 1

Use of Well (Check all that apply.) Agricultural Irrigation Irrigation Stock Water
Non-Ag Production Industrial Other, describe _____
Annual extracted volume (Acre/ft) _____ Estimated Measured
Well production GPM _____ Estimated Measured
Location: Latitude: _____ Longitude _____ or plot well location on site map

Existing Well Number 2

Use of Well (Check all that apply.) Agricultural Irrigation Irrigation Stock Water
Non-Ag Production Industrial Other, describe _____
Annual extracted volume (Acre/ft) _____ Estimated Measured
Well production GPM _____ Estimated Measured
Location: Latitude: _____ Longitude _____ or plot well location on site map

Existing Well Number 3

Use of Well (Check all that apply.) Agricultural Irrigation Irrigation Stock Water
Non-Ag Production Industrial Other, describe _____
Annual extracted volume (Acre/ft) _____ Estimated Measured
Well production GPM _____ Estimated Measured
Location: Latitude: _____ Longitude _____ or plot well location on site map

Community Development Department

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Contract

Date

Community Development Department
806 South Main Street, Yreka, CA 96097 – 530-841-2100 Fax 530-842-4076

Environmental Health Division

Siskiyou County Well Permit Application Checklist

Proposed Well Information

Well location APN: _____

Estimated pumping rate: _____ gal/min Estimated depth: _____ ft

Estimated timeframe of use: _____ Estimated acreage of use: _____ ac.

Estimated annual extraction volume: _____ acre/ft Crop type: _____

Irrigation method: _____