



County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

MONITORING WELL APPLICATION

OFFICE USE ONLY

- 3880 Lemon Street • Suite 200 • Riverside • CA • 92501 – (951) 955-8980
 47-950 Arabia Street • Suite A • Indio • CA 92201 – (760) 863-7570

| | |
|-----------------|--------------------|
| Well ID: | |
| WP: | Expiration: |

WELL INFORMATION

Wellhead GPS Coordinates (Decimal Degrees):

| | | |
|----------|---------------|-----|
| Latitude | Longitude (-) | APN |
|----------|---------------|-----|

| | | |
|------------------------|------|--------|
| PRIMARY CONTACT | Name | E-mail |
|------------------------|------|--------|

| | | | |
|-------------------------|----------------|------------------------|----------|
| SITE INFORMATION | Site Name | Township/Range/Section | |
| | Street Address | City | Zip Code |
| PROPERTY OWNER | Name | | |
| | Street Address | City | Zip Code |
| | Phone | E-mail | |

| | | | |
|-------------------|-----------------|--------|----------|
| WELL OWNER | Name | | |
| | Mailing Address | | |
| | City | State | Zip Code |
| | Phone | E-mail | |

| | | | |
|---------------------|-------------------------|------------------|--|
| WELL DRILLER | Name | | |
| | Riv Co Registration No. | C-57 License No. | |
| | Phone | E-mail | |

| | | | |
|-------------------|-----------------|---------|----------|
| CONSULTANT | Company Name | Contact | |
| | Mailing Address | City | Zip Code |
| | Phone | E-mail | |

WELL DESIGN

| | |
|--|--|
| ACTIVITY: <input type="checkbox"/> Well Installation (attach well construction diagram) <input type="checkbox"/> Well Destruction (describe destruction method below) | LEAD AGENCY (if associated with cleanup): <input type="checkbox"/> County <input type="checkbox"/> RWQCB/DTSC/USEPA (must provide approval letter) Case Number: _____ |
|--|--|

| |
|--|
| DESTRUCTION METHOD |
| Note: Overdrilling required if annular seal is less than 20 feet below ground surface. |
| Destruction Method: _____ |
| |
| |
| |
| |
| |
| |

Attach additional information/description if needed.

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org



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WELL TO BE CONSTRUCTED:

Public property – access agreement or encroachment permit required Private property Other

TYPE OF WELL:

| | | |
|---|---|--|
| <input type="checkbox"/> Monitoring _____ | <input type="checkbox"/> Extraction _____ | <input type="checkbox"/> Remediation _____ |
| <input type="checkbox"/> Injection _____ | <input type="checkbox"/> Cathodic _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Piezometer _____ | <input type="checkbox"/> Air Sparge _____ | |

PROPOSED CONSTRUCTION

WELL CASING

PVC Other: _____
 Gauge _____
 Diameter _____ in.
 Well Screen Size _____
 Filter Pack _____

SEAL/BORING BACKFILL

Neat Cement
 Cement & Bentonite
 Sand-Cement
 Bentonite
 Other: _____

DRILLING METHOD

Auger
 Air Rotary
 Direct Push
 Sonic
 Percussion
 Other: _____

DEPTH OF WELL

| | |
|------------------------|-----|
| Est. Groundwater Depth | ft. |
| Depth of Boring | ft. |

ANNULAR SEAL

| | |
|-------------------|-----|
| Depth | in. |
| Borehole Diam. | in. |
| Annular Thickness | in. |

WELL CASING

| | From (ft.) | To (ft.) |
|--------------|------------|----------|
| Annular Seal | | |
| Filter Pack | | |
| Perforation | | |
| | | |

I have read the entire application and agree to comply with all laws regulating the type of work being performed.

Driller's Signature: _____ Date: _____

I declare under penalty of perjury under the laws of the State of California that the information furnished as part of this application is true and correct. I also understand that I am legally obligated to obey all requirements of state law and Riverside County Ordinances in connection with the approval of this application.

Property Owner's Signature: _____ Date: _____

PROJECT STATUS

Approved **Denied**

Notify the Department 48 hours in advance to make an inspection of the following operations:

- Prior to sealing of the annular space or filling of the conductor casing.
- After installation of the surface protective slab and pumping equipment.
- During destruction of wells, prior to pouring the sealing material.
- Other: _____

Submit to the Department within sixty (60) days after completion of work, a copy of **Water Well Driller's Report (DWR 188)**. Note: Properties located within an Adjudicated Basin or within Water District boundaries may be subject to restriction or usage as determined by the Water Master or District agreements.

REHS (print and sign): _____ Date: _____

*Send information to ECP@rivco.org.

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