



# County of Riverside DEPARTMENT OF ENVIRONMENTAL HEALTH

www.rivcoeh.org

## MONITORING WELL APPLICATION

Well ID:

SUBMITTAL CHECKLIST	
Ensure all applicable documents are submitted to <a href="mailto:ecp@rivco.org">ecp@rivco.org</a>	
<input type="checkbox"/> Well Diagram	<input type="checkbox"/> Work Plan
<input type="checkbox"/> Site Map	<input type="checkbox"/> Work Plan Approval Letter
<input type="checkbox"/> Encroachment Permit/Access Agreement	<input type="checkbox"/> Original Install Permit (for Destructions)

**OFFICE USE ONLY**

WP:

Expiration:

PROPOSED ACTIVITY		TYPE OF WELL	
<input type="checkbox"/> Well Installation	<input type="checkbox"/> Well Reconstruction	<input type="checkbox"/> Monitoring	<input type="checkbox"/> Piezometer
<input type="checkbox"/> Well Destruction		<input type="checkbox"/> Cathodic	<input type="checkbox"/> Other: <input type="text"/>

### WELL LOCATION INFORMATION

Wellhead GPS Coordinates (Decimal Degrees):

Latitude <input type="text"/>	Longitude (-) <input type="text"/>	APN <input type="text"/>
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SITE INFORMATION	Site Name <input type="text"/>	Township <input type="text"/>	Range <input type="text"/>	Section <input type="text"/>
	Street Address <input type="text"/>	City <input type="text"/>	Zip Code <input type="text"/>	
	<input type="checkbox"/> Public property – access agreement or encroachment permit required <input type="checkbox"/> Private property <input type="checkbox"/> Other: <input type="text"/>			

### CONTACT INFORMATION

PRIMARY CONTACT	Name <input type="text"/>	Phone <input type="text"/>	Email <input type="text"/>
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PROPERTY OWNER	Name <input type="text"/>		
	Street Address <input type="text"/>	City <input type="text"/>	Zip Code <input type="text"/>
	Phone <input type="text"/>	E-mail <input type="text"/>	

WELL OWNER	Name <input type="text"/>		
	Mailing Address <input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
	Phone <input type="text"/>	E-mail <input type="text"/>	

WELL DRILLER	Name <input type="text"/>	
	Riverside County Registration No. <input type="text"/>	C-57 License No. <input type="text"/>
	Phone <input type="text"/>	E-mail <input type="text"/>

CONSULTANT	Company Name <input type="text"/>	Contact <input type="text"/>	
	Mailing Address <input type="text"/>	City <input type="text"/>	Zip Code <input type="text"/>
	Phone <input type="text"/>	E-mail <input type="text"/>	

SITE CLEANUP CASE	LEAD AGENCY (if this well is associated with a case under the oversight of a lead agency)
	<input type="checkbox"/> YES <input type="checkbox"/> County <input type="checkbox"/> RWQCB <input type="checkbox"/> DTSC <input type="checkbox"/> USEPA <input type="checkbox"/> Other: _____ Case Number: _____ Case Worker: _____ <i>Please note, a work plan approval letter from the lead agency is required.</i>
<input type="checkbox"/> NO	

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WP:

**WELL INFORMATION**

WELL CASING	SEAL/BORING BACKFILL	DRILLING METHOD
<input type="checkbox"/> PVC <input type="checkbox"/> Other: _____ Gauge _____ Diameter _____ inches Well Screen Size _____ Filter Pack _____ Grain Size _____	<input type="checkbox"/> Neat Cement <input type="checkbox"/> Cement & Bentonite (% Bentonite Additive: _____%) <input type="checkbox"/> Sand-Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other: _____	<input type="checkbox"/> Auger (diameter: _____ inches) <input type="checkbox"/> Air Rotary <input type="checkbox"/> Direct Push <input type="checkbox"/> Sonic <input type="checkbox"/> Percussion <input type="checkbox"/> Other: _____
Note: Destruction by <i>overdrill</i> is required if annular seal is less than 20 feet below ground surface or if annular seal depth cannot be confirmed.		

DEPTH OF WELL	
Est. Groundwater Depth	ft.
Depth of Boring	ft.

ANNULAR SEAL	
Depth	ft.
Borehole Diam.	in.
Annular Thickness*	in.

\*Radial annular seal thickness between casing and borehole wall

WELL CASING		
	From (ft.)	To (ft.)
Annular Seal		
Filter Pack		
Perforation		

**ACKNOWLEDGMENT**

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

Within 60 days of work completion, I will submit to Riverside County Environmental Health the finalized Well Completion Report certifying that the design and construction/destruction of this well is in accordance with my approved permit application.

Driller Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 (PRINT) (SIGN)

Property Owner Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
 (PRINT) (SIGN)

**PROJECT STATUS**

**Approved**  **Denied**

NOTIFY THE DEPARTMENT 2 BUSINESS DAYS 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: \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

- Overdrill is required upon destruction of this well
- Other: \_\_\_\_\_

Submit to the Department within sixty (60) days after completion of well installation, destruction, or reconstruction, a copy of **Well Completion Report Form DWR 188**. Submit Well Completion Reports to [ecp@rivco.org](mailto:ecp@rivco.org).

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):	REHS (SIGN):	Date:
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This application is approved as proposed. Any deviation from the approved well location and/or design may result in additional requirements.

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County of Riverside  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**

WP: \_\_\_\_\_

www.rivcoeh.org

**STORMWATER & DISCHARGE MANAGEMENT PLAN FOR WELLS**

Well APN \_\_\_\_\_

**WELL SITE ASSESSMENT**

- 1. Are there any watercourses or water bodies within 50 feet of the limits of soil disturbance? YES  NO
- 2. Are there locations onsite where runoff may enter storm drains and/or receiving waters? YES  NO
- 3. Is grading required to access site or install well? YES  NO
- 4. Does the project conform with the local grading ordinance? YES  NO
- 5. Will drilling additives be used to drill the well? YES  NO
- 6. Will the driller be using the Best Management Practices per the appropriate Regional Board? YES  NO

**BEST MANAGEMENT PRACTICES**

The goal of stormwater and discharge control management planning while drilling and installing wells is to reduce pollution to the maximum extent practicable using Best Management Practices (BMPs). Construction related materials, sediments, chemical residues such as drilling foam, wastes and spills must be retained within the property boundaries to eliminate transport from the site to nearby streets, drainage courses, receiving water and adjacent properties. It is the responsibility of the property owner and the contractor to determine which BMPs will be used in order to ensure that all contaminants are retained on-site.

Examples of BMPs to contain well installation run-off include, but are not limited to, installation of a sediment basin to contain run-off, using geotextile fabric to contain sediments and drilling mud or eliminating the use of drilling foam. Please review the appropriate guidelines from the governing Regional Water Quality Control Board.

Colorado RWQCB (760) 346-7491

Santa Ana RWQCB (619) 516-1990

San Diego RWQCB (951) 782-4130 - Additional information on BMPs is available at [www.projectcleanwater.org](http://www.projectcleanwater.org)

Riverside County also provides guidance at <https://rcwatershed.org/programs/>

**CERTIFICATION**

- I am aware that it is my responsibility to comply with any and all regulations related to the this well permit including applicable requirements of the appropriate RWQCB.
- BMPs will be implemented so that water quality is not negatively impacted by well construction activities
- I am aware that the BMPs must be installed, maintained, monitored, and revised as necessary so they are effective.
- Riverside County Department of Environmental Health Staff (DEH) and personnel from other regulatory agencies are authorized to enter my property at any time for the purposes associated with this well permit until such time as the well is completed to the satisfaction of DEH.
- Should DEH staff determine during the field review that the well installation procedures contradict the well permit application or that BMPs are not being followed, the well drilling permit may be suspended or revoked.

**SIGNATURES**

Contractor Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT) (SIGN)

Property Owner Signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
(PRINT) (SIGN)

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