



COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

(888)722-4234 • RIVCOEH.ORG

ANNUAL WELL DRILLER REGISTRATION APPLICATION

Office Use Only

Year Applicable 20__

PI

PLEASE MARK: NEW RENEWAL IF RENEWAL, PI _____

NAME OF LICENSEE: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

MAILING ADDRESS IF DIFFERENT: _____

MAILING CITY / STATE / ZIP: _____

PHONE NUMBER: () _____

E-MAIL: _____

STATE CONTRACTOR #: _____ (Attach copy of C57 card – both sides)

CLASSIFICATION: _____

C57 EXPIRATION DATE: _____

Name of compensation insurance company: _____

Policy Number: _____ Expiration Date: _____

Attachments required: 1. Color copy of CA DL of Licensee 2. Both sides of C-57 License 3. If a company, certified list of authorized personnel
If paying online, required attachments & proof of payment must be emailed to LandUse@rivco.org directly after payment.

-OR- I HAVE NO EMPLOYEES OTHER THAN IMMEDIATE FAMILY MEMBERS

SIGNATURE REQUIREMENT: This registration application must be signed by an individual owner/qualifier listed on the license. Any exceptions require a signed, notarized letter on company letterhead listing qualified signers and letter must contain signature blocks for these individuals. No exception. Additional people or changes may be added/deleted at a later date by sending a signed letter from the qualifier of the license.

My California C57 Contractor's License is in full force and effect. I hereby register to construct, reconstruct, or destroy wells (other than wells constructed under the jurisdiction of the California State Department of Conservation) in accordance with Riverside County Ordinance 682. I am aware that well construction may fall under additional rules and regulations from other oversight bodies including the Regional or State Water Board and I will comply with all applicable rules and regulations.

I will notify DEH of any changes that incur during this calendar year. _____ initials

I understand that this registration is **not transferable** and **shall expire on December 31st of each year.**

DATE: _____ SIGNED: _____

OFFICE USE ONLY

WELL DRILLER CERTIFICATE OF REGISTRATION RECEIPT

Riverside County Registration Number: _____

Amount Paid: \$ _____ Receipt Number: _____ Check# _____ CC# _____

BUSINESS NAME: _____

VERIFIED: EMAIL _____ HS _____ CDL _____ C-57 _____ Q _____

This registration is **not transferable** and **shall expire on December 31st of each year.**

Environmental Protection & Oversight Division • Land Use & Water Resources Management

RIVERSIDE: 4080 Lemon St., 10th Floor, Riverside, CA 92501 Phone (951) 955-8980 FAX (951) 955-8988

INDIO: 47-950 Arabia St., Suite A, Indio, CA 92201 Phone: (760) 863-8303