

Please complete both sides of this form.

Property Owner:	Well Owner (if different):	Name of Business/Residence at Well Site:
Property Owner Address:	Well Owner Address:	Address of Well Site:
City, State, Zip:	City, State, Zip:	City, State, Zip:
Telephone No:	Telephone No:	Telephone No:
Assessor's Parcel Number of Well Site: Book: Page: Parcel:	Well Registration No:	Date of Reactivation:

THIS SECTION TO BE COMPLETED FOR MONITORING/EXTRACTION WELLS ONLY

Consultant's Company Name (if any):	Address:
City, State, Zip:	Telephone No:
Owner's/Consultant's Well No:	Original Permit No:

Well Description:

- Vertical Well Dewatering Well Elevator Shaft Multiple Casing Horizontal Well Pit Well

Well Type, check all that apply:

- Water Producing (supply or extraction): Contamination Cleanup Agricultural Domestic Municipal & Industrial
 Vapor Extraction
 Monitoring: Inclinator Groundwater Vadose Piezometer Interface Suction Lysimeter Seismic
 Injection/Infiltration: Contamination Cleanup Reclaimed Water Air Sparging
 Cathodic Protection

Has an Inactive/Standby Well Permit been issued for the period of time the well was not in use? Yes No

If yes, please give the most recent Inactive/Standby Well Permit No: _____ (Go to page 2)

If no, please complete the following section and page 2.

CONSULTANT/DRILLER/PUMP CONTRACTOR'S CERTIFICATION STATEMENT

1. Certify that the well head has no defects which may impair the quality water in the well or in the water-bearing formations penetrated;
2. The well head is appropriately protected to prevent injury or accidental entry by persons or animals;
3. The well head is watertight and appropriately protected to prevent the entrance of undesirable water or foreign matter;
4. The well head is watertight and appropriately protected to prevent the uncontrolled flow of water from the well;
5. The well is marked so that it can be clearly seen;
6. The area around the well is free of brush and debris;
7. The well is capable of being used for its intended purpose.

Company Name:	Address:		
City, State, Zip:	Telephone No: ()	License No:	
Signature of Driller/Pump Contract or/Consultant:	Print Name:	Date:	

