County of Santa Clara

DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION
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Well CONSTRUCTION Application Form

PLEASE NOTE: *This application must be accompanied with the Santa Clara Valley Water District (SCVWD) Well Construction Application and its requirements (i.e. site map).*

Well Owner: _____

Owner Address: _____ **Phone #:** _____

City: _____ **State:** _____ **Zip:** _____ **Fax#:** _____

E-mail Address: _____

WELL INFORMATION:

APN: _____ **Owner's/Consultant's Well Number:** _____

Well Address: _____

Cross Street: _____ **City:** _____ **Zip:** _____

Well Type/Use: ☐ **Domestic** ☐ **Agricultural** ☐ **Industrial** ☐ **Municipal**

Waste Water Disposal: ☐ **Septic** ☐ **Sewer**

Existing Well(s): ☐ **No** ☐ **Yes** **Quantity:** _____

Description/Condition: _____

Underground Storage Tank (UST): ☐ **No** ☐ **Yes** **Type:** _____

Animal Enclosures: ☐ **No** ☐ **Yes** **Type:** _____

Access Restrictions: ☐ **None** ☐ **Dogs** ☐ **Locked Gates** ☐ **Other:** _____

Contact Person (Designer/Architect/Contractor): _____ ☐ **Same as Well Owner**

Business Name (if any): _____

E-mail Address: _____

Address: _____ **Phone #:** _____

City: _____ **State** _____ **Zip** _____ **Fax #:** _____

By signing this application, authorization is granted to agents of the Department of Environmental Health to enter the property during business hours (7:30 am – 6:00 pm) to conduct any necessary investigations related to this application. The undersigned certifies under penalty of perjury that the forgoing is true and correct, and understands that all application fees are non-refundable.

_____ _____ _____
Owner/Authorized Agent Signature Print Name Date

**** Office Use Only ****

Comments: _____

Owner ID: _____ Facility ID: _____ Account ID: _____ Invoice #: _____

Existing ON0: _____ Existing Septic Permit #: _____ Date Paid: _____/_____/_____

Name Date

Received By: _____ _____/_____/_____ Amount Paid: _____

Assigned To: _____ _____/_____/_____ Check Number: _____

Project ID#: SR0 _____ **Program Element(s):** _____