

HUMBOLDT COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

529 "I" Street
Eureka, CA 95501

Phone: 445-7613

*pd \$20.00 cash
9/2/81*

APPLICATION TO CONSTRUCT, REPAIR OR DESTROY A WATER WELL

OWNER J R Withover ADDRESS _____
APPLICANT Elmer Dickey ADDRESS 1251 R.R. McKinleyville
(if other than owner)
SITE LOCATION _____ A.P.# 308-231-02
DIRECTIONS Hawkes Hill Rd. PHONE # _____
DRILLING CONTRACTOR Rich Drilling & Pump LICENSE # 246499

ATTACH PLOT PLAN TO THIS APPLICATION

DESIGN SPECIFICATIONS: Construction Repair Destruction

<u>Intended Use</u>	<u>Distance From Well Site To:</u>	<u>Type of Well</u>
Domestic, private <input checked="" type="checkbox"/>	Septic Tank Systems (ft.) _____	Rotary <input type="checkbox"/>
Domestic, public <input type="checkbox"/>	<u>not on</u>	Cable <input checked="" type="checkbox"/>
Irrigation <input type="checkbox"/>	Sewer (ft.) _____	Dug <input type="checkbox"/>
Industrial <input type="checkbox"/>	<u>Casing</u>	Other _____
Other <input type="checkbox"/>	Single <input checked="" type="checkbox"/> Double <input type="checkbox"/>	<u>Estimated Work Dates</u>
<u>Construction</u>	Material <u>Kinzwell</u>	Start _____
Depth (ft.) <u>550'</u>	Type of Joint <u>welded</u>	Completion <u>Dec-81</u>
Diameter (in.) <u>8</u>	Gravel Pack <input type="checkbox"/>	
Depth of Seal (ft.) <u>20</u>		

I hereby agree to comply with all laws and regulations of the County of Humboldt and State of California pertaining to water well construction. I will contact the County Health Department when I commence the work. Within fifteen days after completion of work I will furnish the Humboldt County Health Department a report of the work performed and notify them before putting the well into use. All well work will be completed in accordance with Department of Water Resources Bulletin 74.

Signed: Elmer Dickey

FOR OFFICE USE ONLY

Permit # _____
Approved By Jane M. Clark
Date 9-10-81

Site: _____
Inspections: JMC 8-4-81
(initial) (date)
Final: JW 1/4/82
(initial) (date)

in file folder

J. R. Wittwer
Applicant's Name

FOR OFFICE USE ONLY

WELL PERMIT

Approval is granted to: construct a well on 308-231-02
 repair Assessor's parcel number
 destroy

pursuant to a permit application received by the Humboldt County Department of Health. The well shall be constructed, repaired, or destroyed in conformance with the "Design Specifications" listed on the permit application and approved by the Health Department. A new well shall be constructed in the location approved by the Humboldt County Health Department.

James W. Clark
Area Sanitarian

Sept 10, 1981
Date