



## WELL INACTIVATION APPLICATION & PERMIT

ENVIRONMENTAL MANAGEMENT DEPARTMENT (EMD) – ENVIRONMENTAL COMPLIANCE DIVISION  
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**WELL INSPECTION LINE: (916) 875-8524**

### FOR OFFICE USE ONLY

EMD PERMIT NUMBER(S): \_\_\_\_\_

DATE APPLICATION APPROVED: \_\_\_\_\_  
(EXPIRES 5-YRS FROM DATE OF APPROVAL)

### WELL APPLICATION

Site Address: \_\_\_\_\_

Nearest Major Cross Street(s): \_\_\_\_\_

Parcel No: \_\_\_\_\_

### WELL INFORMATION

Date of Last Use: \_\_\_\_\_

Date of Planned Reactivation: \_\_\_\_\_

Well Depth (ft): \_\_\_\_\_

Depth to Water (ft): \_\_\_\_\_

Casing Diameter (in): \_\_\_\_\_

Casing Material: \_\_\_\_\_

Reason(s) for Inactivation: \_\_\_\_\_

### APPLICANT INFORMATION (PROPERTY OWNER ONLY)

I understand the requirements and agree to maintain this inactive well in accordance with Sacramento County Code Chapter 6.28 (Well Ordinance), California Department of Water Resources Well Standards, and the conditions of this permit. I understand that permitting and inspection time in excess of the original fee amount will be billed to the applicant - As authorized by SCC 6.99.180. I certify that the information given in this permit is correct to the best of my knowledge and that the signature below, whether original, electronic, or photocopied, is authorized and valid. Each page of this document has been reviewed and is complete and correct. I also understand that it is my responsibility, as the well owner, to provide EMD with property access in order to perform a final inspection of the well. Legal entity representatives must include documentation with the permit application demonstrating their authority to sign. **An Authorization Letter is required if an Agent is submitting this application on behalf of the well owner or well driller.**

Property Owner Signature \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Property Owner: \_\_\_\_\_

Property Owner's Mailing Address: \_\_\_\_\_

Property Owner's Phone Number(s): \_\_\_\_\_

Property Owner's Email Address: \_\_\_\_\_

## WELL LOCATION

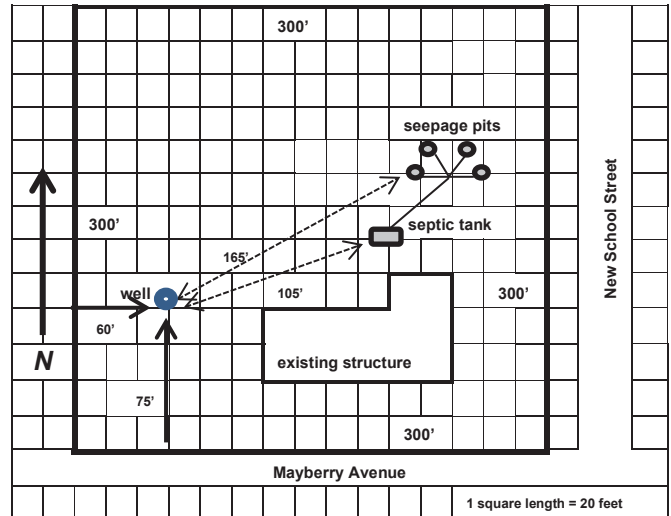
### MINIMUM REQUIREMENTS

1. North arrow, parcel dimensions, and scale (1-inch = \_\_\_\_\_ feet)
2. **Minimum of two measurements (with right angles)** to the subject well in feet (must be able to locate well using the site plan).
3. **Location of any other existing wells**

Associated Address: \_\_\_\_\_

GPS: 38. \_\_\_\_\_ -121. \_\_\_\_\_

### EXAMPLE



**INACTIVATION PERMIT REQUIREMENTS, SACRAMENTO COUNTY CODE (SCC)**

1. An inactivation permit must be obtained by the property owner for any well which has not been used for a period of one year, but which the owner intends to use again. Any such well which has not been permitted for inactive status is considered to be abandoned or permanently inactive and must be properly destroyed under a permit from EMD (SCC 6.28.030(H)).
2. The property owner must maintain the well so that the following requirements are met (SCC 6.28.030(H)):
  - The well shall not allow impairment of the quality of water within the well and groundwater encountered by the well.
  - The top of the well and the well casing shall be provided with covers that are watertight and secured to prevent their removal without the use of equipment or tools.
  - The well shall be marked/labeled so that it is easily visible, located, and identified as a well.
  - The area surrounding the well shall be kept clear of brush, debris, and waste materials.
3. Prior to approval, the well casing must be cleared of any obstructions rendering the well inoperable and the top of the well casing must be above ground level (SCC 6.28.010(O)(10)).
4. Well-related work needed to meet the requirements of an inactivation permit and any well-related work for future reactivation (eg. pump repair, well repair) requires obtaining an approved permit from EMD (SCC 6.28.030(A)).
5. For wells located near known groundwater contaminant plumes, permit approval is contingent upon a special review by the appropriate regulatory agencies (SCC 6.28.000(G)).
6. EMD staff must be granted property access to perform a final inspection of the well to ensure that all requirements are met prior to permit approval (SCC 6.28.090).
7. Inactivation permits and renewals expire after terms of **five** years. Inactivation permits must be renewed until the well owner obtains a well repair or well destruction permit and completes the well repair or well destruction within the term of that permit (SCC 6.28.030(H)).

**SPECIAL PERMIT CONDITIONS** ☐ Yes ☐ No**INACTIVATION PERMIT FORM – FOR OFFICE USE ONLY****PERMIT NUMBER:** \_\_\_\_\_**ACCOUNTING**

Date Received: _____	Total Fees: _____
Account Number: _____	Invoice Number: _____

**FINAL INSPECTION:** By: \_\_\_\_\_ Date: \_\_\_\_\_ GPS: 38. \_\_\_\_\_, -121. \_\_\_\_\_**PERMIT APPROVAL:** By: \_\_\_\_\_ Date: \_\_\_\_\_**COMMENTS:**