

ENVIRONMENTAL HEALTH DIVISION
2700 M Street, Suite 300, Bakersfield, CA 93301
Phone # (661) 862-8740 Fax (661) 862-8701
Email EH@kerncounty.com

MONITORING WELL INFORMATION SHEET

WP Number:	Date:
Name of Applicant:	Contact Person:
Street/P. O. Box:	Home Phone: () () ()
City:	Work Phone: () () ()
State: Zip:	Email:
Location:	APN:
GPS:	T: R: S:

Water District Information

Name of District:	Contact:
Street/P.O. Box:	Work Phone: () () ()
City: State: Zip:	E-mail:

Well Data Information

Approximate date drilled:	Driller:
Name of property owner when well was drilled:	
Domestic Well () Yes () No	Agricultural Well () Yes () No
Well Depth: _____ feet () Unknown	Annular Seal: _____ feet () Unknown

Please provide the following information:

1. Reason for monitoring: _____
2. Number of times well will be monitored per year: _____
3. Person responsible to conduct the monitoring: _____
4. Location monitoring records will be kept: _____

Prior to approval, to use the listed well as a monitoring well, this Division will conduct an inspection of the well site to verify that the well meets the requirements of Kern County Ordinance Code, Chapter 14.08, and the California Department of Water Resources Well Standards Bulletins.

The well must be secured to prevent possible contamination of ground water.

Pursuant to Kern County Ordinance Code, Section 8.04.100, you are being charged an extended service fee at the current rate for all time spent on this inspection.

WATER DISTRICT SIGNATURE

WELL OWNER SIGNATURE

PRINT NAME

PRINT NAME

DATE

DATE