ENVIRONMENTAL HEALTH DIVISION

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

NOTICE OF INTENT

I wish to declare my well "Out of Service"		
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:	
 The well has no defects, which very formations penetrated. Any openings to the well shall be to prevent removal without the unentrance of undesirable water, rows. The well is marked so that it can the area surrounding the well is the Electrical service and water supples. Re-declaration of intent shall be 	the clearly seen. Rept clear of brush or debris. y lines will be disconnected from the water pump. nade every three years to the health officer.	
<u>-</u>	ern County Environmental Health Division (KCEHD) may inspect my at the above conditions are met. All time invested by KCEHD for	

correspondences, review and inspection will be billed at the current service fee rate.

I agree to contact KCEHD prior to placing the well in service. All the surface features will be completed and necessary water quality analyses results will be provided. I agree to pay applicable fees and arrange for a final inspection.

If there are no plans to use the well in the future, the well will be destroyed as required and in accordance with Kern County Ordinance Code, Section 14.08.370 and in the manner described in Kern County Ordinance Code, Section 14.08.360.

Signature of Applicant	<u> </u>
Print Name	Date