



MATTHEW CONSTANTINE
DIRECTOR

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Name _____

Address _____

City/State/Zip _____

Subject: T ____, R ____, S ____ A.P.N. _____ Permit # _____

NOTICE OF INTENT

I wish to declare my well "Out of Service"

I wish to declare my well "Out of Service." I agree to maintain my well subject to the following conditions:

1. The well has no defects which will impair quality of water in the well or in the water-bearing formations penetrated.
2. Any openings to the well shall be covered with a watertight seal that is secured by a lock or weld to prevent removal without the use of equipment or tools, to prevent injury to persons and the entrance of undesirable water, rodents, or foreign matter.
3. The well is marked so that it can be clearly seen.
4. The area surrounding the well is kept clear of brush or debris.
5. Electrical service and water supply lines will be disconnected from the water pump.
6. Re-declaration of intent shall be made every three years to the health officer.

I understand that a representative of the Kern County Environmental Health Division, may inspect my well within thirty (30) days to verify that the above conditions are met. All time invested by Environmental Health for correspondences, review and inspection will be billed at the current service fee rate.

I agree to contact Environmental Health 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

Date

Print Name

Phone Number

E-Mail

PLEASE SIGN AND DATE THIS FORM AND RETURN TO THIS DIVISION