

**Environmental Health Division**  
**Siskiyou County Well Permit Application Checklist**

All new well applications require submission of the following information, to the extent that it can be reasonably known. The Environmental Health Division collects this information to consider effects on Public Trust resources before a new well permit is issued.

**Well Location and Owner/Applicant Contact Information**

\_\_\_\_\_  
Well Location Address City

\_\_\_\_\_  
Well APN Well Latitude Well Longitude

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\_\_\_\_\_  
Applicant Name Applicant Title

\_\_\_\_\_  
Applicant Address Applicant City

\_\_\_\_\_  
Applicant Phone Applicant Email

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\_\_\_\_\_  
Property Owner Name Property Owner Title

\_\_\_\_\_  
Property Owner Address Property Owner City

\_\_\_\_\_  
Property Owner Phone Property Owner Email

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**Proposed Well Information**

Use of the well:

Domestic      Irrigation      Small Public Water Supply      Municipal Public Water Supply

Industrial      Stock      Other: \_\_\_\_\_

**Complete if Other than Domestic Well**

**i.e., Complete if the proposed well casing is greater than 6-inches in diameter or the well will use more than 2-acre feet of water/year. Note: Two-acre feet equal approximately 651.7 thousand gallons.**

Use of Well (Check all that apply.)      Agricultural Irrigation      Irrigation      Stock Water

Non-Ag Production      Industrial      Other, describe \_\_\_\_\_

**Provide Site Location Map Information**

A map of the well location must be attached to this form and shall include the following information:

- Legal lot and parcel dimensions
- All well locations on legal lot and parcel with type and use information shown for each well.
- Distance from proposed well to any potential sources of pollution onsite and on adjacent properties, including existing or proposed onsite septic systems, wells, animals or fowl enclosures, transmission lines, sewer lines.
- Distance from ponds, lakes, and streams within 300 feet

**Siting Information**

<b>Distance to Nearest in Feet</b>	<b>Onsite</b>	<b>Offsite</b>
Septic Tank		
Sewer Lines		
Existing Well(s)		
Animal or Fowl Enclosure		
Transmission Lines		
Pond/Lake		
Stream/River		

**The Natural Resources Department (NR)—In order to provide adequate review to the Environmental Health Department, NR please answers to the following questions if applying for a well classified as “Production” and/or Stock water, meaning groundwater extraction will exceed 2 acre-feet per year or have a well casing greater than 6 inches in diameter:**

**SGMA GSP Subbasin:**                      Butte                      Scott                      Shasta                      Tulelake

Non SGMA Subbasin

Will this groundwater replace an already existing water source? (i.e., Replacing a surface water diversion or existing groundwater pumping source?                      Yes                      No

What crop(s) will be irrigated? \_\_\_\_\_

Is the crop going to be on                      Newly Developed                      Historically,                      or Currently Irrigated Ground?

**Production/Ag Well Water Use**

How will the crop be irrigated?

Flood      Sprinkler(    wheel-line    pivot    other)      Drip      Other

What is the total irrigated acreage for proposed use? \_\_\_\_\_

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**Complete this question if well is projected to use more than 2-acre feet of water/year.**

**Additional Requirement**

Do you have a report from a hydrogeologist meeting the requirements of the Governor's Executive Order N-7-22, #9b?      Yes      No

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**Stock Water Use**

Animal species (list all that apply):

\_\_\_\_\_

Estimated days per year in use? \_\_\_\_\_

Number estimated animals (List number for each species if multiple)?

\_\_\_\_\_

Enter total estimated acre feet/year. \_\_\_\_\_

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**Decreed Water Rights**

Is the right for the use of all or part of the water that would be extracted through this well subject to a Decree or other Court Order?

Yes      No

Please describe the right in acres served or acre feet adjudicated:

\_\_\_\_\_

\_\_\_\_\_

**If applicable and there are existing wells on the subject parcel (APN) complete the following for each existing well on the next page.**

**Community Development Department**

806 South Main Street, Yreka, CA 96097 – 530-841-2100 Fax 530-842-4076

**Existing Well Number 1**

Use of Well (Check all that apply.)      Agricultural Irrigation      Irrigation      Stock Water  
Non-Ag Production      Industrial      Other, describe \_\_\_\_\_  
Annual extracted volume (Acre/ft) \_\_\_\_\_      Estimated      Measured  
Well production GPM \_\_\_\_\_      Estimated      Measured  
Location: Latitude: \_\_\_\_\_ Longitude \_\_\_\_\_ or plot well location on site map

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**Existing Well Number 2**

Use of Well (Check all that apply.)      Agricultural Irrigation      Irrigation      Stock Water  
Non-Ag Production      Industrial      Other, describe \_\_\_\_\_  
Annual extracted volume (Acre/ft) \_\_\_\_\_      Estimated      Measured  
Well production GPM \_\_\_\_\_      Estimated      Measured  
Location: Latitude: \_\_\_\_\_ Longitude \_\_\_\_\_ or plot well location on site map

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**Existing Well Number 3**

Use of Well (Check all that apply.)      Agricultural Irrigation      Irrigation      Stock Water  
Non-Ag Production      Industrial      Other, describe \_\_\_\_\_  
Annual extracted volume (Acre/ft) \_\_\_\_\_      Estimated      Measured  
Well production GPM \_\_\_\_\_      Estimated      Measured  
Location: Latitude: \_\_\_\_\_ Longitude \_\_\_\_\_ or plot well location on site map

**Community Development Department**

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**Signature of Contractor** (required on all applications)

I certify that I possess a valid C-57 contractor's license that is in full force and effect. I certify that I have read this application and the above information is correct. I agree to comply with all Siskiyou County Ordinances and State Laws relating this well construction. I understand that well construction may not begin prior to receiving a permit and all terms and conditions apply.

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Contract

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Date