



**CITY OF LONG BEACH**  
 DEPARTMENT OF HEALTH & HUMAN SERVICES



2525 Grand Avenue, Room 220 • Long Beach, CA 90815-1765 • (562) 570-4134 • Fax (562) 570-4038

**WELL/BORING PERMITTING**

Well(s), as defined in the California Well Standards, bulletins 74-81 and 74-90, must have a permit for both construction and/or destruction/abandonment of wells. A permit is also required for soil boring(s). The permit must be on site at the time of drilling and produced on request of the inspector.

Well Permit Application may also be obtained from the Health Department at 2525 Grand Avenue, Room 220 Monday through Friday from 8:00 a.m. to 4:30 p.m. The permit must be completed and signed and returned before the date of drilling. Please make all checks payable to the Department of Health and Human Services. In addition to the completed permit, the following information is required:

1. A Department of Public Works Evacuation Permit is mandatory for the construction/destruction of any well in the public right-of-way. Call the Franchise Supervisor at (562) 570-6530 for a permit application or write to:

Department of Public Works  
 333 West Ocean Blvd. 10<sup>th</sup> Floor  
 Long Beach, CA 90802  
 Attention: Franchise Supervisor

2. Plot plan locating each well to be constructed or abandoned.
3. Existing wells
4. Construction schematic of well(s).
5. Current fees for well(s)/boring(s) are:

|                                                |           |          |
|------------------------------------------------|-----------|----------|
| a. Soil Boring                                 | \$ 395.00 | per site |
| b. Construction of drinking water well(s)      | \$ 430.00 | per well |
| c. Construction of monitoring/Sparging well(s) | \$ 305.00 | per well |
| d. Well abandonment/destruction                | \$ 395.00 | per well |
| e. Cathodic Well                               | \$ 490.00 | per well |
| f. Vapor Extraction                            | \$ 305.00 | per well |

6. Mail in drillers log at completion of project.

Contact inspector at least 48 hours prior to drilling so arrangements can be made for inspection of each well prior to the sealing of the well(s).

For further information, please call (562) 570-4134, Monday through Friday between 8:00 – 9:00 a.m. or 3:30 – 5:00 p.m.

Fees are subject to change without notice



**CITY OF LONG BEACH  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER PROGRAM**  
2525 GRAND AVENUE, ROOM 220, LONG BEACH, CALIFORNIA 90815  
562-570-4132 OFFICE 562-570-4038 FAX



**WELL PERMIT APPLICATION**

**Date:** \_\_\_\_\_ **Proposed Date:** \_\_\_\_\_

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

**Permit Delivery:**     Mail         Fax         Pick Up     E-mail: \_\_\_\_\_

**Permit Type:**         New Well Construction     Destruction     Other: \_\_\_\_\_

**Well Type:**         Monitoring     Cathodic     Private Domestic     Public Domestic  
  
 Vapor Extraction     Soil Boring    Number of: Wells \_\_\_\_\_ Borings \_\_\_\_\_

**Well Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Well Owner Address:** \_\_\_\_\_  
City State Zip Code

**Consulting Firm Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Consulting Firm Address:** \_\_\_\_\_  
City State Zip Code

**Drilling Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Drilling Company Address:** \_\_\_\_\_  
City State Zip Code

**PROVIDE PLOT PLAN LOCATING EACH WELL CONSTRUCTED OR ABANDONED**

| Construction/Destruction Method                                               |
|-------------------------------------------------------------------------------|
| Type of casing, method of sealing etc., (Use additional sheet or attachments) |
|                                                                               |

*I hereby agree to comply in every respect with all regulations of the Long Beach Department of Health and Human Services and with all ordinance and laws of the City of Long Beach and of the State of California pertaining to well construction, reconstruction and destruction. Upon completion of well and within ten days perforations in casing, and any other data deemed necessary by other city agencies.*

**Print Name:** \_\_\_\_\_ **Applicants Signature:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

Approved         Approved with Conditions         Denied

If denied or approved with conditions, report reason or conditions here: \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_