



**LOS ANGELES COUNTY ♦ DEPARTMENT OF PUBLIC HEALTH
 ENVIRONMENTAL HEALTH
 Bureau of Environmental Protection
 Drinking Water Program
 5050 Commerce Drive, Baldwin Park, CA 91706
 (626) 430-5420 Fax (626) 813-3016**



APPLICATION TO INSTALL A WELL WATER TREATMENT DEVICE

<input type="checkbox"/> NEW WELL CONSTRUCTION	<input type="checkbox"/> RECONSTRUCTION - EXISTING WELL	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> CONTAMINANT(S) EXCEEDING MCL: _____		DATE: _____

WELL LOCATION			
Site Address:	City:	Zip Code:	
Town ship:	Range:	Section:	M ap Book Page/Grid:
GPS location:		APN #:	

OWNER INFORMATION			
Owner's Name:	T	elephone Number:	
Address:	City:	State:	Zip Code:

EQUIPMENT INFORMATION			
Manufacture, Make, Model, Serial #:	Mitigation Method:	Telephone Number:	
Address:	City:	State:	Zip Code:
Distributor:	Telephone Number:		
Address:	City:	State:	Zip Code:

CONTRACTOR / INSTALLATION INFORMATION			
Company:			
Address:	City:	State:	Zip Code:
Contact Name:	Telephone Number:	Email:	

THE APPROVAL PROCESS IS NOT COMPLETE UNTIL ALL OF THE REQUIREMENTS ARE MET AND SIGNED-OFF BY THE DEPUTY HEALTH OFFICER. (THE REQUIRED FEE INCLUDES TWO (2) PLAN REVIEWS AND TWO (2) SITE INSPECTIONS.)

*******(FOR OFFICIAL USE ONLY)*******

WORK PLAN APPROVAL	
REHS:	DATE:
WATER QUALITY (Laboratory results must confirm that the water from this private well conforms to Safe Drinking Water Standards.)	
REHS:	DATE:
APPROVAL ISSUED (The device shall be maintained in accordance with the manufacturer's specifications.)	
REHS:	DATE: