

# Hazardous Materials Well Permit Application

**COUNTY OF SANTA BARBARA  
FIRE PREVENTION DIVISION**

195 W. Hwy 246  
Buellton, California 93427  
Phone: 805-686-8170 Fax: 805-686-8183

Well Permit # \_\_\_\_\_

SMU/LUFT # \_\_\_\_\_

Name of Well Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street /P.O. Box City State Zip Code Telephone

**Well Site Location VICINITY MAP REQUIRED**

Assessor's Parcel #: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

Well Drilling Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contractor's License #: \_\_\_\_\_

Permit Type (Check ✓)	Well Use (Check ✓)	Drilling Method (Check ✓)
Construction <input type="checkbox"/>	Monitoring <input type="checkbox"/>	Air/Mud Rotary <input type="checkbox"/>
Repair/Modification <input type="checkbox"/>	Injection/Extraction <input type="checkbox"/>	Hollow Stem Auger <input type="checkbox"/>
Destruction <input type="checkbox"/>	Vapor Well <input type="checkbox"/>	Other: <input type="checkbox"/>

**Borehole Data**

Proposed Depth \_\_\_\_\_ ft.  
 Well Bore Dia. \_\_\_\_\_ in.

**Casing Information**

Type: Steel  PVC  Other   
 Diameter \_\_\_\_\_ in.  
 Annular Seal Depth \_\_\_\_\_ ft.  
 Consultants Well ID#(s) \_\_\_\_\_

**Sealing Material (Check ✓)**

Bentonite/Cement  Clay   
 Cement Grout  Concrete

I hereby agree to comply with the California Well Standards and Regulations of the County of Santa Barbara pertaining to well construction, repair, modification, destruction and inactivation. The property owner, well driller, or agent will furnish the Protection Services Division a complete well log and final well location map upon completion of well construction, or destruction.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

**FOR DEPARTMENTAL USE ONLY**

\$ \_\_\_\_\_ Fee Paid on: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**Application Disposition:**

Approved:   
 Denied:   
 Date: \_\_\_\_\_

**A COUNTY FIRE PREVENTION DIVISION SPECIALIST MUST SIGN THIS PERMIT. NOTIFY THE SPECIALIST, A MINIMUM OF FORTY-EIGHT (48) HOURS PRIOR TO ALL SEALING OPERATIONS. NOTE: THIS PERMIT EXPIRES ONE YEAR FROM DATE ISSUED.**