PLUMAS COUNTY ENVIRONMENTAL HEALTH

270 County Hospital Road, Ste. 127 Quincy, CA 95971
Phone (530) 283-6355 ~ FAX (530) 283-6241



APPLICATION FOR PERMIT TO CONSTRUCT, MODIFY, or DESTROY WATER WELL

JOB SITE ADDRESS:	CITY:	APN:	PHONE:
PROPERTY OWNER		GPS Latitude:	GPS Longitude:
MAILING ADDRESS:		CITY:	STATE: ZIP:

Well Permits will not be issued without Licensed Contractor			***SINGLE POINT OF CONTACT FOR THIS APPLICATION:***
CONTRACTOR NAME:			NAME:
CONTRACTORS LICENSE NO.:			MAILING ADDRESS:
ADDRESS:			CITY: STATE: ZIP:
CITY: STATE: ZIP:			PHONE:
PHONE:	EMAIL:		EMAIL:

WATER SUPPLY TYPE SECTIONS <u>BELOW MUST BE COMPLETED</u>

Water Supply Type: ***Please Check One***	**Type of Work:** ***Please choose as appropriate***
☐ Individual Domestic (4 or less connections) ☐ Community Water Supply (5 or more connections) ☐ Industrial (subject to possible contamination) ☐ Agricultural ☐ Other: _____ Is there a septic system on parcel: ☐ Yes / ☐ No	☐ New ☐ Deepening ☐ Destruction ☐ Replacing existing well <u>Reason for replacement/destruction/deepening</u>: _____ _____ **Proposed Gallons Per Minute:** ☐ 0-99 GPM (Small Capacity) ☐ 100 + GPM (Large Capacity) **Proposed Casing Size (inside diameter): _____**

<u>THIS APPLICATION MUST BE ACCOMPANIED BY:</u>

ACCURATE PLOT PLAN (8 ½ X 11 with APN written on the Plot Map-See Sample) & Workers' Compensation Insurance Affirmation

By signing ***<u>AND</u>*** initialing below, I, _____ hereby declare:
(Print your name)

_____(Initial) 1. I am the legal owner of the parcel referenced in this application.

_____(Initial) 2. I acknowledge and approve all proposed construction activities applied for in this application.

Please send a copy of the Permit, once issued to: (Check all that apply): ☐ Owner ☐Well Contractor

_____ _____ _____ _____

Signature of Property Owner **Date** **Signature of Licensed Contractor** **Date**

Letter of Authorization/Faxed Signature is Acceptable **Letter of Authorization/Faxed Signature is Acceptable**

Completed Application and PAYMENT to: Planning and Building Services 555 Main St. Quincy, CA 95971

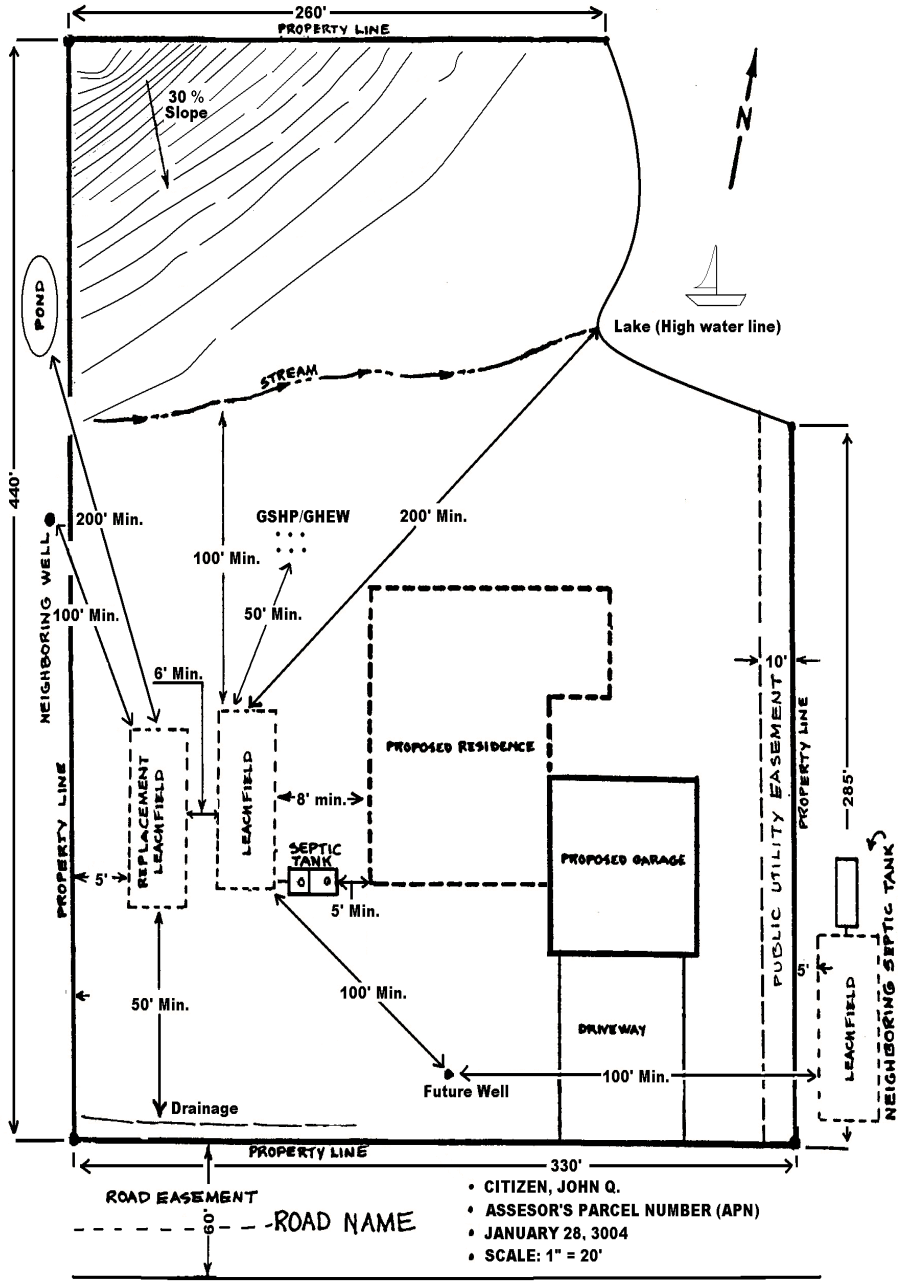
OFFICE USE ONLY-DO NOT WRITE BELOW THIS BOX

Date Received: _____ **Comments:** _____

Receipt No.: _____ Check Number: _____ Amount Paid: _____ Received By: _____

Ownership Verified By: _____ Application Number: _____

SAMPLE PLOT PLAN DIAGRAM



1. Plot plan to be drawn on **8 ½" x 11"** paper, in ink or otherwise indelible.
2. In the lower right corner: List the parcel owner's name and current mailing address. List the date of the plot map. , Assessor's Parcel Number (APN), address and lot number if applicable
3. Indicate Scale (example 1" = 20')
4. True North Arrow
5. Indicate location of any survey monuments and how property corners/lines can be located by the Environmental Health inspector.
6. Show location(s) of existing and/or proposed well's (within 100 feet of proposed leach area) and any public water supply main (within 10 feet).
7. Show all existing and/or future leach area(s).
8. Show all of the following that are within 100 feet of the proposed well: septic tanks, leachfields, year-round and seasonal drainage areas and other bodies of water
9. Show area of current and/or future buildings and structures.
10. Show all roadways, easements, areas of vehicular traffic, driveways and off-street parking.
11. Show location of proposed/current Geothermal Heat Exchange Wells (GHEW).

APN _____

Work pursuant to a permit taking place on your property must be covered by Workers' Compensation Insurance covered by one of the following methods below, OR, you must affirm you are exempt from provisions, as outlined below.

METHOD A: **LICENSED CONTRACTOR DECLARATION:**

I hereby affirm I am a licensed contractor, under provisions of chapter 9 (commencing with section 7000) of the California Business and Professions Code. I affirm my license is in full force and effect.

License Class: _____	License Number: _____
Date: _____	Contractor: _____

METHOD B: **OWNER-AS-EMPLOYER/BUILDER DECLARATION:**

I will hire or have hired employees with wages as their sole compensation who will perform the work at my direction, and the structure is not intended or offered for sale. When I use my own employees, I have and furnish herewith a Workers' Compensation Policy covering my employees. (Section 7044 of the Business & Professions Codes). **I hereby declare I have a current and valid Workers' Compensation Insurance policy, or a certificate to self-insure,** and **I am furnishing a certified copy thereof herewith** to the permitting agency (Plumas County Building Division) in order to obtain my permit for the work. All persons furnishing labor to complete the work on my property will be either covered by this policy or will have their own Workers' compensation policies in effect.

Policy Number: _____	Insurance Company: _____
Date: _____	Contractor: _____

METHOD C: **OWNER-AS-BUILDER EXEMPTION DECLARATION:**

I hereby affirm I am exempt from California Contractor's License Law for one of the following two reasons:
(Section 7031.5 of California Business & Professions Code states that any County requiring permits for construction work will also require the applicant for such permit file a signed statement that he/she is a licensed contractor, or, that he/she is exempt therefrom. The statement must include the reason for such exemption. A violation of this law subjects the applicant to a civil penalty of not more than $500.00). **CIRCLE ONE.**

1. **I, as the owner of the property, will personally perform the work:** The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who performs such work him/herself.
2. **I, as the owner of the property, am exclusively contracting with licensed contractors to construct the project. The contractors I am contracting with will have their own Workers' Compensation policies.** (Section 7044 of the Business & Professions Codes: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with contractor(s) licensed pursuant to the Contractors License Law).

Date: _____ **Owner-as-Builder: _____**

FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS ($100,000.00), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

SEE REVERSE FOR CAUTIONARY NOTES FOR "OWNERS-AS-BUILDERS"

ADDITIONAL CAUTIONARY NOTES FOR "OWNERS-AS-BUILDERS"

APN _____

A. **FOR YOUR OWN PROTECTION,** you should be aware that, listing yourself as the "Owner-as-Builder" on the permit, you are the responsible party of record for all work performed under the permit. If your work is being performed by someone other than yourself, and you have signed as Owner-as-Builder, you are potentially liable for any injuries that may occur during the course of construction.

B. **A frequent practice of unlicensed persons professing to be contractors it to secure an "Owner-Builder" building permit,** erroneously implying that the property owner is providing his or her own labor and material personally.

C. **If you are contracting with a licensed contractor, they** are required by California State License Law to have valid Workers' Compensation Insurance Policies. These policies then protect and cover the workers in case of injuries during the course of construction. **If there is no Workers' Compensation Policy in effect, and you are the Owner-as-Builder, then you are the insurer in case any worker you employ becomes injured on your project.** Any licensed contractor is required by State Law to put their license number on all permits for which they apply.

D. **If you employ or otherwise engage persons other than your immediate family,** and the work is more than $500.00 or more for the entire project, and such persons are not licensed contractors holding a valid Workers' Compensation Policy, then you may be considered to be an **employer.**

E. **If you are an employer, you must register with the State and Federal Government** as an employer and you as an employer become subject to several obligations including State & Federal Income tax withholding, Federal Social Security taxes, Workers' Compensation insurance, Disability insurance costs, and unemployment compensation contributions.

F. **There are financial risks for you** if you do not carry out these obligations, and these risks are especially serious with respect to Workers' Compensation Insurance.

G. **Any contractor you sign a contract with must** have a current and active California Contractor's license. Contractor's licenses can be verified at: http://www2.cslb.ca.gov/CSLB_LIBRARY/license+request.asp

H. **If you are hiring someone other than a licensed contractor** to do the work, your own Workers' Compensation Insurance Policy must be on file in this Department in the form of a valid current certificate from your Insurance Agent.

For more information you may wish to contact:

1. **For Licensed Contractors:** Contractors State License Board, 1020 "N" St., Sacramento, CA, 95814. 1-800-321-2752, or www.cslb.ca.gov
2. **Federal Taxes:** Internal Revenue Service or U.S. Small Business Administration.
3. **State Taxes**: Department of Benefit Payments and/or Division of Industrial Accidents.

I. **The State of California Health & Safety Code requires us to make you aware of these laws and ordinances, and requires you to complete the form on the reverse side and return it to us prior to issuance of any permit (Section 19830, Chapter 9, part 3, division 13)**

APN _____