



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 2156 SIERRA WAY, STE. B SAN LUIS OBISPO, CA 93401
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 www.slocounty.ca.gov/ehs

DECLARATION OF INTENT TO MAINTAIN AN INACTIVE WATER WELL

I hereby declare that I intend to maintain an inactive water well for the purpose of supplying water at some future date.

I understand that per the California Well Standards Bulletin 74-90, Section 21, an inactive water well is considered "abandoned" if it has not been used for a period of one year and must be destroyed by a licensed C-57 water well contractor **UNLESS** I continue to demonstrate my intention to use the well again. Per California Health and Safety Code Section 24400 I must properly maintain the well in such a way that:

1. The well will not allow impairment of the quality of water within the well and ground water encountered by the well.
2. The top of the well or well casing shall be provided with a cover, that is secured by a lock or by other means to prevent its removal without the use of equipment or tools, to prevent unauthorized access, to prevent a safety hazard to humans and animals, and to prevent illegal disposal of wastes in the well. The cover shall be watertight where the top of the well casing or other surface openings to the well are below ground level, such as in a vault or below known levels of flooding. The cover shall be watertight if the well is inactive for more than five consecutive years. A pump motor, angle drive, or other surface feature of a well, when in compliance with the above provisions, shall suffice as a cover.
3. The well shall be marked so as to be easily visible and located, and labeled so as to be easily identified as a well.
4. The area surrounding the well shall be kept clear of brush, debris, and waste materials.

Well Site Address _____			
Assessor's Parcel Number _____	GPS _____	N _____	W _____
Parcel Size (acres) _____	Future Use _____		
Name of Well Owner _____	Same as Property		Y / N
Owner Mailing Address _____			
Owner Phone _____	Owner Email _____		
Owner Signature _____	Date _____		

**Complete above, attach a copy of Well Completion Report, and a photo of the well.
 Return to Environmental Health Services**

FOR OFFICE USE ONLY

Received By: _____ Evaluated By: _____ Date: _____

Approved Denied Approved with Comments: _____