



WELL INFORMATION QUESTIONNAIRE

FC 808 (11-26-14)

TO BE FILLED OUT AT COUNTER AND MAILED BY CITY/COUNTY OFFICIAL

PRINT Applicant's Name: _____ Phone: () _____

Project Address: _____ City: _____

Assessor's Parcel No.: Book _____ Page _____ Parcel _____

Type of Planned Activity: _____

Is there a well(s) located on your project site: Yes No

If yes, type of well: Water Well Monitoring Well Dry Well Other: _____ (Explain)

Is the well(s) active (in use)? Yes No

Will your proposed permit activity affect your well site? Yes No

Comments: _____

For further information, please contact the Santa Clara Valley Water District Well Ordinance Program, (408) 630-2660.

INFORMATION RECEIVED BY:	FOR OFFICIAL USE ONLY
Name of City/County Representative: _____	City/County Project File No.: _____
Name of City/County: _____	Date: _____



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