



WELL PUMP PERMIT APPLICATION

SITE ADDRESS: _____

APN: _____ — _____ — _____ WELL GPS COORDINATES: _____ LAT _____ LONG

NOTE: Please attach a map to the well location, including the nearest cross streets to the location.

OWNER: _____

ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF PUMPS: _____ PROJECT VALUE: \$ _____

PUMP HP: _____ MOTOR VOLTAGE: _____ THREE PHASE SINGLE PHASE

PUMP HP: _____ MOTOR VOLTAGE: _____ THREE PHASE SINGLE PHASE

PUMP HP: _____ MOTOR VOLTAGE: _____ THREE PHASE SINGLE PHASE

NEW ELECTRICAL SERVICE YES NO 3 WIRE 4 WIRE

PANEL #1 : 100 AMPS 200 AMPS 400 AMPS 800 AMPS _____ AMPS

PANEL #2 : 100 AMPS 200 AMPS 400 AMPS 800 AMPS _____ AMPS

PANEL #3 : 100 AMPS 200 AMPS 400 AMPS 800 AMPS _____ AMPS

***** NOTE: This permit is for installation of the electrical and plumbing associated with a water well only. *****

Contact the Environmental Health Department for well drilling permits.

Other Project Information: _____

INSTALLER NAME: _____

INSTALLER ADDRESS: _____

PHONE NUMBER: _____

LICENSE NUMBER: _____

SIGNATURE

DATE