



WELL INFORMATION QUESTIONNAIRE

FC 808 (03-14-07)

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

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

Project Address: _____ City or Unincorporated: _____

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

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

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

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

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

Comments: _____

I certify that the information given above is correct to the best of my knowledge.

PRINT Applicant's Name if different from Project Name: _____

Signature of Applicant: _____ Date: _____

For further information, please contact the Well Section, Santa Clara Valley Water District, (408) 265-2607, extension 2660.

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

Please complete the attached well questionnaire and return it to the Public Works Department for further processing.