



# Mendocino County Health & Human Services Agency

*Healthy People, Healthy Communities*

**Stacey Cryer, Director**

Public Health Branch

Division of Environmental Health

Deputy Director David Jensen



## WELL COMPLETION REPORT REQUEST – OWNER

California Water Code Section 13752 allows the release of copies of confidential Well Completion Reports to any person who obtains written authorization from the owner of the well. Well owners may use this form to authorize the release of a Well Completion Report by the County of Mendocino. The County of Mendocino requires the site address and the Assessor's Parcel Number (APN) and the section of the property where the well is located to start a search. Please attach a map or a sketch with a north arrow, and provide as much identifying information as possible; use additional paper if necessary. Sign the form and submit it to the office of Environmental Health.

Well Location (City): \_\_\_\_\_ Year Drilled: \_\_\_\_\_

APN: \_\_\_\_\_

Site Address: \_\_\_\_\_

Distance and directions from cross streets or other landmarks: \_\_\_\_\_

Owner at time of drilling: \_\_\_\_\_ Driller: \_\_\_\_\_

Well Use: \_\_\_\_\_ Well Depth: \_\_\_\_\_

Diameter and type of casing: \_\_\_\_\_

Other identifying information: \_\_\_\_\_

I certify that I am the present owner of the well described above.

**Complete this part only if you wish a copy sent to someone other than yourself.** Please send a copy of this Well Completion Report via:

Mail       Fax       E-mail

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Company Name (Print)

\_\_\_\_\_  
Company Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
Telephone:

\_\_\_\_\_  
Fax:

\_\_\_\_\_  
Fax:

\_\_\_\_\_  
E-mail:

\_\_\_\_\_  
E-mail:

\_\_\_\_\_  
Owner Signature Authorizing Release      Date

*(EH office use only)*

Copy Supplied  
 Notice of No Report \_\_\_\_\_