



**ORANGE COUNTY
HEALTH DEPARTMENT**

Improving health. Inspiring change.

ORANGE COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION

ONSITE WATER PROTECTION SECTION

**REQUEST FOR USE OF THERMOPLASTIC CASING
TO CONSTRUCT A WATER SUPPLY WELL**

Property Address: _____

Well Contractor Name _____ OCHD Well Permit#: W _____

Contractor Registration No. _____ Property PIN: _____

REASON(S) FOR INSTALLING THERMOPLASTIC CASING:

1. _____

2. _____

3. _____

4. _____

5. _____

Well Owner Name: _____

Well Owner Signature: _____

Date: ___ / ___ / ___

Well Contractor Signature: _____

Date: ___ / ___ / ___