Mendocino County Public Health Department
Healthy People, Healthy Communities
Division of Environmental Health
860 N Bush St Ukiah, CA 95482 707-234-6625
752 S Franklin St Fort Bragg, CA 95437 707-961-2714

DATE: _____ INSPECTOR: _____ ADDRESS: _____

COASTAL WATER DISTRICTS

Albion Mutual Water Company, jrja@mcn.org
Caspar South Service Co, PO Box 774 Mendocino CA 95460
City of Fort Bragg Water Dept, FAX: 961-2802
Elk County Water District, FAX: 877-1833
Irish Beach Water District, ibwd@mcn.org
North Gualala Water Company, office@ngwco.com
Pacific Reefs Water District, FAX: 1-925-684-0457
Point Arena Water Works, paww@mcn.org
Surfwood Mutual Water Corp, FAX: 202-0228
Westport County water District, FAX: 964-4590

INLAND WATER DISTRICTS

Brooktrails Community Services District, FAX: 459-0358
Calpella County Water District, FAX: 462-2687
City of Ukiah Utilities, Water & Sewer Division, FAX: 463-6740
City of Willits Water Dept., FAX: 459-1562
Hopland Public Utilities District, FAX: 462-2687
Laytonville County Water District, FAX: 984-6084
Millview County Water District, FAX: 462-2687
Pine Mountain Mutual Water, 3800 Chinquapin Dr, Willits 95490
Redwood Valley County Water District, FAX: 485-5148
River States Mutual (Russian River Estate area) FAX: 462-2689
Rogina Water Company, call before Faxing: 462-8534
Willow Water District, FAX: 462-2687

An Application for a Permit to construct water well has been filed with our office. A copy of that application is attached, **WW####** We have been advised that the proposed location of the well is within your service area.

Please respond to the following and return to our Fort Bragg or Ukiah office, so that we can proceed with our review of the application and possible issuance of a permit. Thank you.

(To be completed by Water District representative):

____ The proposed well is on a parcel that is not in our service area

____ Private wells are not allowed in our service area

____ Private wells are allowed in our service area and we acknowledge that we have been notified (by this form) of a possible private water source that may require the installation of a back flow prevention device ***(Note:** The district, **not DEH,** is responsible for the inspection of all back flow prevention devices)*

____ Required Conditions, if any (please attach if additional space is needed):

_____

_____

_____

_____

Authorized Signature: _____ Water District Name: _____

Printed Name: _____ Date: _____

Please return this form to our Fort Bragg or Ukiah Office. Thank you.