



# DEPARTMENT OF ENVIRONMENTAL HEALTH

633 WASHINGTON STREET, ROOM 36  
RED BLUFF, CA 96080  
Phone (530) 527-8020 Fax (530) 527-6617

Tia Branton, REHS  
Director

## STATEMENT OF DISINFECTION

Assessor Parcel No. \_\_\_\_\_

Well Permit No. \_\_\_\_\_

**NOTE: THIS STATEMENT OF DISINFECTION MUST BE SENT TO THIS DEPARTMENT IN ORDER TO FINAL THE WELL PERMIT.** (See attached sheet for directions.) It is not necessary to disinfect the well until the pump has been installed and you are ready to use the well.

\_\_\_\_\_  
Name of person and date disinfection was performed

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

This disinfection of the well was performed by me, or under my direction at:

\_\_\_\_\_  
Property Address or Location

using methods acceptable to the Tehama County Department of Environmental Health

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PUMP INSTALLED

YES \_\_\_\_\_

NO \_\_\_\_\_

DEPTH \_\_\_\_\_

HP \_\_\_\_\_

**(THE WELL FINAL INSPECTION WILL NOT BE COMPLETED UNTIL THE PUMP IS INSTALLED)**

**PREVENT • PROMOTE • PROTECT**