

**MONTEREY COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
ONE APPLICATION PER APN: HAZ MAT SOIL BORINGS**

Date of Application: ____/____/____ Date of estimated work: Start ____/____/____ Ending ____/____/____

- Soil Boring – \$241.00 per site/for the first three borings (PE5270), \$112, per additional boring for each APN (PE5271)

Total # of S.B.: _____

Site Address/Job Site			
Name of Business:			
Physical Address of Site:			
City, State, Zip Code:			
APN or GPS Coordinates:		Well #:	
Property Owner			
Owner:			
Mailing Address:			
City, State, Zip Code:			
Phone Number:			
Consultant			
Consultant:			
Contact Person:			
Mailing Address:			
City, State, Zip Code:			
Phone Number:	() -	E-Mail Address:	
Driller			
Driller:			
Mailing Address:			
City, State, Zip Code:			
Phone Number:	() -	C-57:	

A map showing the following data must accompany this application:

- 1- The property lines, distances of the proposed well/soil boring to the property lines, other wells or borings on the property and adjacent properties.
- 2- The location of the proposed well/soil borings must be marked at the site by a surveyor's stake with the words "proposed well/soil boring".
- 3- A work plan and site safety plan must also accompany well and soil boring applications.

REASON FOR INSTALLATION – DESTRUCTION OF MONITORING WELL:

MONTEREY COUNTY - OFFICE USE ONLY

PERMIT _____ **INV. NO.** _____

AMOUNT PAID _____ **DATE PAID** _____ **CHECK #** _____

-Ground Water Monitoring
 -Vapor Extraction
 -Piezometer
 -Soil Boring/Core Sampling
 -Vadose Zone
 -Cathodic Protection Well
 -Other:

Proposed Specifications:

Depth (ft): Diameter (in): Width seal (in): Depth Perforations:

Casing:

Single/Double: Material: Type of joint:

Drilling Method

- Rotary
 - Cable
- Dug
- Other:

Location of well Seals: (ft) _____

Existing Wells on Property: Check one

Condition of other wells on property:	<input type="checkbox"/> -In use	<input type="checkbox"/> -Inactive	-Abandoned
Indicate intentions for use of replaced well:	<input type="checkbox"/> -To be abandoned	<input type="checkbox"/> -To be LEFT inactive	-To supplement new well -Irrigation (AG)

- WELL DESTRUCTION - SOIL BORING DESTRUCTION

Submit well log with the application and a site plan. Depth of well/boring (ft) _____ Depth of proposed seal(s) (ft):

Materials to be used: _____

Location of screens or perforations: _____

Cleaning of well required: _____

I hereby agree to comply with all laws and regulations of the County of Monterey and the State of California pertaining to well/soil boring construction and destruction. I will contact the Monterey County Health Department before I commence the work. After completion of the work, I will furnish the Monterey County Health Department a log, signed and stamped by a certified professional. A certified professional will also directly supervise all drilling operations. I hereby agree that I will not commence work until I have a valid permit and that I will notify the Monterey County Health Department if I change the location of the well/boring site. I hereby agree to pay all fees at the time of application and any subsequent fees that may accrue.

All legal representatives' signatures **must be obtained before a permit is issued.**

Property Owner Print: _____

Property Owner Signature: _____ Date: _____

*****If signed by authorized representative instead of owner, submit proof of authorization**

Drilling Contractor Print: _____

Drilling Contractor Signature: _____ Date: _____

Print Name: _____ Date: _____

Circle One: Registered Geologist / Civil Engineer Certification Number: _____

Mail your MW/SB application packet along with your check to: Monterey County Health Dept. – Environmental Health
1270 Natividad Road
Salinas, CA 93906
www.mtyhd.org
Questions: (831) 755-4511