

FOR OFFICE USE ONLY	
PERMIT #: _____	WP #: _____
DATE RECEIVED: _____	FEES PAID: _____
RECEIPT #: _____	CHECK #: _____
FACILITY ID: _____	CREDIT CARD: _____

**MONITORING WELL AND SOIL BORING
PERMIT APPLICATION FORM**



**YOLO COUNTY
Department of Community Services**

Environmental Health Division
292 W. Beamer Street, Woodland CA 95695
Phone: (530) 666-8646 Fax: (530) 669-1448

PROPERTY OWNER INFORMATION

Site Name: _____		
Site Address: _____	City: _____	APN: _____
Property Owner(s): _____	Phone Number: _____	Email: _____
Mailing Address: _____	City/State: _____	Zip Code: _____

CONSULTANT INFORMATION

Contact Name: _____	Business Name: _____	
Phone Number: _____	Email: _____	
Mailing Address: _____	City/State: _____	Zip Code: _____
Professional Engineer #: _____	Registered Geologist #: _____	Land Surveyor #: _____

Pursuant to Section 13750.5 (Division 7, Chapter 10, Article 3) Construction, alteration, or destruction of monitoring wells to monitor hazardous waste facilities, other waste facilities, or underground storage tanks, shall be performed under the supervision of a California Registered Professional Engineer, California Registered Geologist, or California Certified Engineering Geologist, where specified by law.

LICENSED CONTRACTOR INFORMATION

Business Name: _____	Phone Number: _____	Email: _____
Onsite Contractor's Name: _____	C57 License #: _____	Exp. Date: _____
Mailing Address: _____	City/State: _____	Zip Code: _____

WELL BORING TYPE:

- Monitoring Well
 Vapor well
 Extraction Well
 Exploratory Boring
 Sparging Well
 Bioventing Well
 Cathodic Well
 Exploratory Well
 Other: _____

CONTAMINATED SITE? Yes No **WELL ABANDONMENT?** Yes No

DRILLING METHOD: Mud Rotary Air Rotary Push Auger Other: _____

Description of Work:

<p>I will comply with all Codes, Rules, and Regulations of the State and County pertaining to construction, alteration or destruction of monitoring wells and soil borings. As owner or owner's authorized representative, I confirm all information provided on this form is correct to the best of my knowledge.</p> <p>Print Name & Title: _____ Signature: _____ Date: _____</p> <p align="center">The Environmental Health Specialist has up to 10 business days to review the application. Application cannot be revised without prior approval from the Environmental Health Division.</p> <p align="center">PERMIT EXPIRES ONE (1) YEAR AFTER DATE OF ISSUANCE (UNLESS EXTENDED)</p>
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<p>FOR OFFICE USE ONLY</p> <p align="center">Installation Permit Issuance</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions: _____</p> <p>Date: _____ HMS Signature: _____</p>
