

**MONTEREY COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
ONE APPLICATION PER APN: GEO TECH SOIL BORINGS**

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

- Soil Boring – \$269.00 per site/for the first three borings (PE5270), \$125, 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:

MONTEREY COUNTY - OFFICE USE ONLY

PERMIT _____ **INV. NO.** _____

AMOUNT PAID: _____

CHECK #: _____

DATE PAID: _____

<input type="checkbox"/> -Ground Water Monitoring	<input type="checkbox"/> -Vapor Extraction	<input type="checkbox"/> -Piezometer	<input type="checkbox"/> -Soil Boring/Core Sampling
<input type="checkbox"/> -Vadose Zone	<input type="checkbox"/> -Cathodic Protection Well	<input type="checkbox"/> -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	<input type="checkbox"/> -Abandoned
Indicate intentions for use of replaced well:	<input type="checkbox"/> -To be abandoned	<input type="checkbox"/> -To be LEFT inactive	<input type="checkbox"/> -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
Questions: (831) 755-4511