

MONTEREY COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH BUREAU
 DRINKING WATER PROTECTION SERVICES

1270 NATIVIDAD RD., Salinas, CA 93906
 Phone: (831) 755-4507 FAX: (831) 796-8691

APPLICATION TO CONSTRUCT/DESTRUCT: BOREHOLE

OWNER: (Name/Title) _____ **CONTRACTOR:**(Company) _____
 (Company) _____ (Contact) _____
 Mailing address: _____ Mailing address: _____
 City/Town: _____ Zip _____ City/Town: _____ Zip: _____
 Phone: _____ Phone: _____ C-57 License: _____
 Email: _____ Email _____
 Primary Contact: Name / Contact Number (if different) : _____

PROPOSED SITE ADDRESS: _____ **APN:** _____ **ACRES:** _____

COASTAL ZONE: YES NO (Attach any applicable discretionary permit or waiver)

Associated Planning Project Number _____

GPS Coordinates: _____

Site Preparation: Any grading required (leveling, pit, road, containment area, etc)? yes, (describe) _____ no

Intended Purpose: _____

Total number of wells on property: _____ Number of wells in use? _____ Inactive? _____ Abandoned? _____
Distance to nearest: Property line _____ ft. Existing well _____ ft. Leach line _____ ft. Seepage pit _____ ft. Septic tank _____ ft.
 Sewer lines, mains, or laterals _____ ft. fuel tank _____ ft. above below ground Animal encl. _____ ft.

Type of Onsite Waste Disposal: Sewer _____ Leachfield _____ Seepage pit _____

Estimated Work: Start _____ Finish _____ **Receive Permit:** By Mail Email Pick Up

A map containing the following information must accompany this application: Written directions to the proposed site; nearest crossroad; arrow indicating north; property lines; distance from proposed borehole to property lines; location of wells on property; location of septic tanks, seepage pits and leach lines on property *and within 150 feet of borehole site*. Additionally, an **aerial** photo of the property indicating the proposed location and **photos** of borehole site is requested. If an inadequate map is provided and a second site visit is required, a charge at the current hourly rate may be required for the additional site visit. **Flag the precise site location of the proposed borehole with a surveyor's stake with the words "Proposed Borehole."**

PROPOSED DESIGN/CONSTRUCTION and DESTRUCTION FEATURES:

NUMBER OF BOREHOLES: _____

Type of borehole construction: Mud Rotary Reverse Rotary Air Sonic Other _____
 Spoils/fluid Containment: Pit Portable box/container Other: describe: _____
 Borehole # 1 depth _____ ft. Borehole diameter _____ in.
 Borehole # 2 depth _____ ft. Borehole diameter _____ in.
 Borehole # 3 depth _____ ft. Borehole diameter _____ in.
 Borehole # 4 depth _____ ft. Borehole diameter _____ in.

Temporary Casing: To be installed? _____ If yes: Length _____ ft. Diameter _____ in. Thickness _____ in.

Logging to be used: Electric Caliper Fluid movement Geologic Other _____

Proposed method of Destruction:

Material	Volume	Length	Location
_____	_____ cu. yds.	_____ ft.	_____ to _____ ft.
_____	_____ cu. yds.	_____ ft.	_____ to _____ ft.

I hereby agree to comply with all conditions, laws and regulations of the County of Monterey and the State of California pertaining to borehole construction and destruction. I understand approval of a borehole permit does not indicate whether this property is suitable for an individual sewage disposal system or that a permit to install such a system is granted. I understand fees submitted with this application are non-refundable. I hereby agree to indemnify and hold harmless the County and its officers, agents, and employees from actions or claims of any description brought on account of any injury or damages sustained, by any person or property resulting from the issuance of the permit and the conduct of the activities authorized under requested permit.

Additionally, I understand submitting an incomplete application will delay the processing of my permit.

SIGNATURE OF PROPERTY OWNER*** _____ **SIGNATURE OF CONTRACTOR** _____
 X _____ Date _____ X _____ Date _____
 Print _____ Print _____

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

OFFICE USE ONLY Date _____ Receipt # _____ Amount \$ _____ Project # _____ 4/14 revised 7/22