

**MONTEREY COUNTY HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL HEALTH**

**ONE APPLICATION PER APN: HAZMAT SOIL BORING / GEO TECH.**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of estimated work: Start \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

- Soil Boring – \$181.00 per site/for the first three borings, \$59, per additional boring for each APN -  
Total # of S.B.: \_\_\_\_\_

Site Address/Job Site			
Name of Business:			
Physical Address of Site:			
City, State, Zip Code:			
APN:		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:

\_\_\_\_\_

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**MONTEREY COUNTY - OFFICE USE ONLY**

**HZ -** \_\_\_\_\_

**FA** \_\_\_\_\_

**SR** \_\_\_\_\_

**IN** \_\_\_\_\_

**CHECK #** \_\_\_\_\_

**Type of Well or Boring:**

-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	<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 <input type="checkbox"/> -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/eh](http://www.mtyhd.org/eh)  
Questions: (831) 755-4511