

Health and Human Services Agency Environmental Health. Hazardous Materials

860 N Rush Street | Ukiah CA 95482 707-234-6625

MONITORING WELL APPLICATION

To Construct, Destroy, Repair, or Alter: Monitoring Wells, Cathodic Wells, **Remediation Wells or Borings**

Application is hereby made to the Mendocino County Division of Environmental Health for a permit to perform the work as indicated below at the following site location:

ite Name:		Phone:
ite Address:		City:
Property Owner Address:		
Dity:	State:	Zip:
Work Information: Indicate below the	e total <u>number</u> of wells already exis	sting on the site:
Domestic Water Wells	s	Monitoring Wells
Type of Work Proposed: Constructi Rep	ion pair Alte	Destructioneration/Conversion
Indicate below the total r	number of proposed wells or boring	ngs for each type listed:
Monitoring Wells Consultant and Contractor Info	Cathodic Wellsormation:	Borings/hydropunches
Consulting Firm:		
Address:	City:	Zip:
Contact Name:		Phone #:
Driller/Contractor:		
C-57 License #:		Phone #:
Address:	City:	Zip:
Permit Terms a	and Conditions provide that toperty owner.	he contractor will:

Soil Boring within 15 days of completion as a requirement for final approval [Mendocino County Code Section 16.04.060 (c)]. (Final approval will not be given without the log(s) or sketch.)

Dusii Street, Ukia	III, CA, 33402 101-234-0023
(For Official Use Only)	PERMIT
Date Paid:	<u></u>
Fee Paid \$	Number: Rec'd By:
Payment #	<u></u>
permit application in accordance with stated above and in compliance with	, repair or alter all wells or borings on this h the "Permit Terms And Conditions" as h the Mendocino County Well Ordinance (County

County Code Section 16.04.090). For Known Contaminated Sites: I understand that the North Coast Regional Water Quality Control Board requires an approved Work Plan prior to the start of any field work under this permit. [Please call (707) 576-2220 for questions regarding work plan approval.]

I understand that this permit expires one year from the date of issuance (Mendocino

For Sites within the Coastal Zone: I understand that the Department of Planning and Building requires a Coastal Zone Permit prior to the start of any field work under this permit, and that they may require additional permit fees.

C-57 Contractor: Wet signatures required; faxes will not be accepted.

Coastal Zone Approval:	
Doto	(Signature)

Permit Approval:

Distribution:

they are amended from time to time.

(Print Name)

This application is deemed as approved and issued when signed and dated by a Mendocino County Health Officer in the space provided on the lines below:

Issued by:		
	(Health Officer's Signature)	Date
Work completed sa	tisfactorily:	
Final Approval	by:	
	(Health Officer's Signature)	Date:

Date Boring and Well Logs were received:

Original to EH Copy to Consultant Copy to well driller Copy to Water Quality Control

U:\Hazmat Staff\Monwell Info\Monwell Application3-2013.doc

(Signature)

Field Inspection Notes:	Provide A Site Sketch Below: Show north arrow, closest cross street, side streets, and structures. Make certain that you identify each well or boring with a unique number or letter.									
		Make certain that you identify each well or boring with a unique number or leading to the control of the contro					etter.			
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(Inspector)	Date	:								