

HUMBOLDT COUNTY DIVISION of ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS UNIT
WELL and BORING PERMIT APPLICATION

Facility ID # _____ Permit # _____

Facility Name: _____

Site Address: _____

Site Owner: _____ Telephone: _____

Address: _____ AP#: _____

RP Name: _____ Telephone: _____

Address: _____

Consultant: _____ Telephone: _____

Address: _____ Reg.#/Type: _____

Driller: _____ Telephone: _____

Address: _____ C-57 Lic.#: _____

# On-site		# Off-site	
Wells _____	Borings _____	Wells _____	Borings _____

Activity: Construct Destroy Repair/Modify Electrode Type: _____

Well Type: Monitoring Well Injection Well Vapor Extraction Geologic Boring
 Extraction Well Piezometer Vapor Point Soil Gas Survey
 Vadose Well Cathodic Protection Direct Push Boring Temporary Well Point

Investigation Type: Site Assessment Disposal Practice UST Other*
 Surface Contamination Surface Impoundment AST

*Specify: _____

Investigation Phase: Initial Subsequent Remediation Closure

Suspected Contaminants: _____

Disposal/Containment for Soil Cuttings: _____

Disposal/Containment for Rinsate: _____

Disposal/Containment for Development Water: _____

Permits will not be processed with out the following information:

- Scaled Construction Detail
- Detailed Site Plan
- Lead Agency Approval Letter
- Off Site Well Requirements:
 - Legal Right of Entry
 - Off Site Address/Location
 - Encroachment Permit
 - Coastal Zone Permit
- Appropriate Fees
- Copy of Workplan (if not on file at HCDEH)

Proposed Work Date: _____

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I hereby agree to comply with all laws, ordinances and regulations of the county of Humboldt and State of California pertaining to water well construction. I will contact the Humboldt County Hazardous Materials Unit at (707) 445-6215 five (5) working days prior to commencing this work. I will furnish to the County of Humboldt, Division of Environmental Health, and the owner a legible copy of the State Water Well Completion Report (form DWR 188) within fifteen (15) days after completion of work to obtain final approval of the well(s). I acknowledge that the application will become a permit ONLY after site approval by the Local Implementing Agency (HCDEH, NCRWQCB, DTSC, EPA). I understand this permit is not transferable and expires one hundred twenty (120) days from the date of issuance.

Certificates of Insurance:

- A currently effective General Liability Certificate of Insurance is on file with this office, endorsed to include the Humboldt County Division of Environmental Health as additional named insured.
- A currently effective Worker's Compensation Certificate of Insurance is on file with this office, endorsed to include the Humboldt County Division of Environmental Health as additional named insured.

Signature of Well Driller - no proxies - original signature only in blue ink

Date

- **Well identification number and type must be affixed to exterior surface of security structure.**
- **The applicant is responsible for notifying Underground Services Alert at least 48 hours prior to the scheduled work date.**
- **A State of California Department of Water resources Well Completion Report (Form DWR 1-88) must be filed within 15 days of completion of work for all well completions and destructions.**
- **A licensed California C-57 Well Driller is required for all wells and direct push work.**

FOR OFFICE USE ONLY

Permit Approval: _____ **Date:** _____

Fee: _____ **Date:** _____ **Receipt:** _____

Initial Inspection: _____ **Date:** _____

Final Inspection: _____ **Date:** _____