



**Division of Environmental Health**

100 H Street - Suite 100 - Eureka, CA 95501  
Phone: 707-445-6215 - Toll Free: 800-963-9241  
Fax: 707-441-5699  
envhealth@co.humboldt.ca.us

**HAZARDOUS MATERIALS UNIT  
MONITORING WELL AND BORING PERMIT APPLICATION**

Facility ID # \_\_\_\_\_

Permit # \_\_\_\_\_

**DO NOT WRITE ABOVE THIS LINE - FOR AGENCY USE ONLY**

**SITE / FACILITY NAME** \_\_\_\_\_ Proposed Work Date \_\_\_\_\_

Physical Address \_\_\_\_\_ APN \_\_\_\_\_

**PROPERTY OWNER** \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

**RESPONSIBLE PARTY / CLIENT** \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

**CONSULTANT** \_\_\_\_\_ License Type and # \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

**DRILLER** \_\_\_\_\_ C-57 License # \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

**INVESTIGATION TYPE**     Regulated Case, Case ID Number \_\_\_\_\_     Geotechnical  
 Site Characterization / Due Diligence     Other \_\_\_\_\_

**WELLS AND BORINGS TO BE INSTALLED OR MODIFIED** Number of Wells \_\_\_\_\_ Number of Borings \_\_\_\_\_

**INSTALLATION METHOD**     Hollow Stem Auger     Direct Push     Hand Auger     Ultrasonic  
 Cone Penetrometer     Mud Rotary     Air Rotary     Other \_\_\_\_\_

**WELL TYPE**     Monitoring     Extraction     Injection     Cathodic Protection  
 Soil Gas     Piezometer     Geothermal     Other \_\_\_\_\_

**WELLS TO BE DESTROYED** Number of Wells \_\_\_\_\_

**DESTRUCTION METHOD**     Pressure Grout     Overbore     Other \_\_\_\_\_

**SUSPECTED CONTAMINATES** \_\_\_\_\_

**CONTAINMENT/DISPOSAL OF INVESTIGATION DERIVED WASTE** \_\_\_\_\_

Facility ID # \_\_\_\_\_

Permit # \_\_\_\_\_

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**PERMITS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:**

- Completed application and fees, must be submitted together.
- Detailed Site Plan - overhead view.
- Well construction details - specifications of borehole, casing/screen interval, filter pack, seal and surface features.
- Lead agency workplan concurrence - required for regulated cleanup sites.
- Off-site work - encroachment permit for work in municipal right-of-way; access agreement for work on private property.

**UPON COMPLETION OF WORK:**

- Well identification number must be displayed on the well box/monument.
- State Water Well Completion Report (form DWR 188) must be submitted within 60 days of completion of work.

**CERTIFICATES OF INSURANCE:**

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

*I hereby agree to comply with all laws, ordinances and regulations of the County of Humboldt Division of Environmental Health (DEH) and State of California pertaining to water well construction. I acknowledge this application will become a permit only after workplan concurrence by the lead agency with regulatory jurisdiction (DEH, North Coast Regional Water Quality Control Board, Department of Toxic Substances Control / California Environmental Protection Agency). I understand this permit is not transferable and expires one hundred twenty (120) days from the date of permit approval. I will notify DEH at (707) 445-6215 Five (5) working days prior to commencing this work.*

*For well installation/destruction, I will submit a State Water Well Completion Report (form DWR 188) within 60 days of completion of work to obtain final approval of this permit.*

Signature of C-57 Licensed driller - no proxies - blue ink only \_\_\_\_\_

Date \_\_\_\_\_

If paid by Credit Card: Date and amount paid \_\_\_\_\_

Confirmation #: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR AGENCY USE ONLY**

* FOR OFFICE USE ONLY *		
<b>Amount Paid</b> <input type="checkbox"/> Cash \$ <input type="checkbox"/> Check #	<b>Receipt Number</b>	<b>O.P. confirmed by:</b>
<b>FA#</b>	<b>SR #</b>	<b>IN#</b>

PLAN APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

WORK APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

**NON-TRANSFERABLE**

**WHEN APPROVED, THIS IS YOUR PERMIT**