



Division of Environmental Health

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NOTIFICATION OF WET WEATHER MONITORING WELL INSTALLATION

PROPERTY INFORMATION

Property Owner:	
Mailing Address: Street	City & Zip
Site Address: Street	City & Zip
Assessor's Parcel Number:	Phone Number:
Directions to Site:	

CONSULTANT INFORMATION

Consultant Name:	
Mailing Address: Street	City & Zip
E-mail:	Phone Number:

WELL INFORMATION

Number of wells installed on property: _____	Date(s) monitoring wells were installed: _____
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The following items are required along with this notification:

- Site map
- Monitoring well diagram
- Soil profile log

The Division of Environmental Health must be notified within five (5) days of wet weather monitoring well installation.

The wet weather test period in Humboldt County begins after the cumulative rainfall in Eureka exceeds 19 inches. The season will be closed on April 1st unless extended in writing by the Director of Environmental Health.

A minimum of two monitoring wells must be installed per parcel, in the proposed primary and reserve leach field areas. Measurements must be taken at least once each week for at least three (3) consecutive weeks during the wet weather testing period. The duration of monitoring must include at least one substantial rainfall event (0.5 inch within a 24-hour period in Eureka).

Wet weather monitoring wells must be augered, drilled, or bored. The placement of pipes in backhoe pits may be acceptable if supervised by the consultant. The depth of the wells must be sufficient to verify appropriate groundwater separation from proposed leach trenches. Wells of shallow depths may be used to identify saturation in upper horizons.

I grant right of entry for inspection purposes _____
 (Signature of Owner)

If paid by Credit Card*: Date and amount paid _____ Confirmation #:

**Please fill out the information requested above if paid by credit card and attach a copy of the confirmation sheet with this application.

* FOR OFFICE USE ONLY *		O.P confirmed by:	
Amount Paid	<input type="checkbox"/> Cash	Receipt number:	OA Initials and date entered:
\$	<input type="checkbox"/> Check #:.....		