

COUNTY OF SONOMA — DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH DIVISION
475 Aviation Blvd., Suite 220, Santa Rosa, CA 95403
Phone (707) 565-6565 Fax (707) 565-6525 www.sonoma-county.org

APPLICATION FOR DRILLING PERMIT
for Regional Board Lead/Environmental Assessment / LOP Lead

For Office Use Only	
Amount paid	_____
Receipt number	_____
Payment date	_____ Rev. code _____
Site ID#	_____
Permit #	_____

Well type: Monitoring well Recovery extraction well Boring Injection well Destruct Environmental assessment
 Soil gas survey Direct push Air sparging/venting Remediation well Other _____

Well depth _____ Boring depth _____

On-site well/boring _____ ID # _____ # Off-site well/boring _____ ID # _____

Submit legal right-of-entry/off-site well address/encroachment permit

On-site Address _____ AP# _____

Facility Name _____

On-site Owner _____ Phone _____

Street _____ City _____ State _____ Zip _____

Responsible Party _____ Phone _____

Street _____ City _____ State _____ Zip _____

Consultant _____ Phone _____

Street _____ City _____ State _____ Zip _____

License #/Type _____

Drilling Contractor _____ Phone _____

Street _____ City _____ State _____ Zip _____

C-57 License # _____

Type of work: Initial investigation _____ # Wells Subsequent investigation _____ # Wells Destruct _____ # Wells

Groundwater investigation due to: Underground tank Surface impoundment Environmental assessment
 Surface disposal practice—specify involved industry _____
 Other _____

Perforated intervals _____ Chemical constituents _____

Disposal method for soil cuttings _____ Disposal method for development water _____

Drilling method _____ Method of drill equip. rinsate containment _____

If destroying a well, abandonment method _____

Submit plot plan of wells in relation to all sewer or septic lines.

Is well to be constructed within: 100 feet of a septic tank or leachfield? Yes No
50 feet of any sanitary sewer line? Yes No
25 feet of any private sanitary sewer line? Yes No

In addition, all monitoring wells must include **identification system** affixed to interior surface:

1) Well identification 2) Well type 3) Well depth 4) Well casing diameter 5) Perforated intervals

Well identification number and well type shall be **affixed** to the **exterior surface** security structure.

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Address _____

Site ID# _____

Permit # _____

I hereby agree to comply with all laws and regulations of the County of Sonoma and State of California pertaining to water well construction. I will telephone (707) 565-6565, 48 hours in advance, to notify the Environmental Health Specialist when completing or destroying a well. I will furnish the Director of Health Services and the owner a legible copy of the State Water Well Driller's Report within 15 days; and a copy of the Summary Report, including sample results, should be received by this Department within 90 days in order to obtain final approval on this well permit. I acknowledge that the application will become a permit **only** after site approval and payment of fee. I understand that this permit is not transferable and expires one year from date of issuance.

Date _____

Signature of Well Driller—**no proxies** _____

Insurance Carrier _____ Expiration Date _____

Once all wells/borings are installed, submit a Well Driller's Log and/or Summary Report to complete permit process.

Indicate on attached plot plan the exact location of well(s) with respect to the following items: property lines, water bodies or water courses drainage pattern, roads, existing wells, sewer main and laterals and private sewage disposal systems or other sources of contamination or pollution. **INCLUDE DIMENSIONS.** The validity of this permit depends upon the accuracy of the information provided by the applicant.

Conditions of permit:

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Permit approved by _____ Date ____/____/____

Constr. approved by _____ Observed? [] Yes [] No Well # _____ Date ____/____/____

RWQCB / LOP approval _____ Date ____/____/____