

**COUNTY OF SONOMA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL HEALTH DIVISION**

475 Aviation Blvd., Suite 220 ❖ Santa Rosa, CA 95403
(707) 565-6565 ❖ FAX (707) 565-6525 ❖ www.sonoma-county.org

ATTACHMENT 3

Exemption for Proposed Monitoring Well

The proposed location(s) for installation of monitoring wells at the subject site are not in conformance with setback requirements in the water well ordinance for Sonoma County. These setback requirements were implemented to protect groundwater from possible known sources of contamination.

An exemption will be granted for well(s) _____

at this subject site: _____

if the following conditions are met:

1. Monitoring wells will be constructed to standards that prevent the contamination of groundwater from a sewage disposal system.
2. Monitoring wells not in conformance with minimum setback requirements shall be sampled every six (6) months for nitrate. The samples will be used as indicators of possible sewage contamination from nearby sewage lines.

I agree to comply with the above requirements for the proposed well(s):

Signature of Responsible Party or Agent

Company

Title

Date

.....
For office use only

Exemption approved _____ Date _____