



SAN JOAQUIN COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

1868 East Hazelton Avenue, Stockton, CA 95205-6232 Telephone: (209) 468-3454 Fax: (209) 468-3433 Web: www.sjgov.org/ehd

LOP SITE MITIGATION UNIT IV

WELL & BORING PERMIT APPLICATION

FOR WELLS AND BORINGS USED FOR CONTAMINANT INVESTIGATIONS AND REMEDIATION

NON-REFUNDABLE PERMIT EXPIRES 1 YEAR FROM DATE ISSUED

Application is hereby made to San Joaquin County for a permit to construct and/or install the work described. This application is made in compliance with San Joaquin County Development Title, Chapter 9-1115.3, and the Standards of the San Joaquin County Environmental Health Department.

Site Location, Property Owner, C-57 Contractor, Consultant/Sub Cntr, Billable Party, GIS Coordinates

CONSTRUCTION WORK TO BE PERFORMED:

NEW WELL/BORING (CPT, GEOPROBE, HYDROPUNCH, HAND-AUGER, OTHER) SOIL BORING IDs, WELL IDs, OTHER IDs

TYPE & # OF WELL/BORING, INSTALLATION TYPE, CONSTRUCTION SPECIFICATIONS

COMMENTS:

NOTE: OFFSITE WELLS & BORINGS REQUIRE ACCESS AGREEMENTS OR ENCROACHMENT PERMITS

DESTRUCTION WORK TO BE PERFORMED:

OF WELL(S) TO BE DESTROYED, WELL IDs, GROUT SPECIFICATIONS, TREMIE TYPE TO BE USED, DESTRUCTION METHOD

5 WORKING DAYS NOTICE REQUIRED (AFTER PERMIT ISSUANCE) FOR INSPECTION APPOINTMENTS

I hereby certify that I have prepared this application and that the work will be done in accordance with San Joaquin County Ordinances, Rules and Regulations, and all applicable California Laws.

Signed, Title/Company, Print Name, Date

DEPARTMENT USE ONLY

SITE MAP IN UNIT IV FILE SITE ADDRESS, WORK PLAN DATED, APPLICATION ACCEPTED BY, DATE ISSUED, AREA, GROUT INSPECTION BY, FINAL INSPECTION BY, DATE, DESTRUCTION INSPECTION BY, DATE

COMMENTS/CONDITIONS:

Table with columns: ACCOUNTING ONLY, PE CODES, FEE INFO, AID #, AMT REMITTED, CHECK #, FAC #, REC'D BY, DATE, SERVICE REQUEST, RO # PR #, INVOICE

San Joaquin County Environmental Health Department
WELL & BORING PERMIT APPLICATION SUPPLEMENTAL

JOB ADDRESS: _____ **PERMIT SR #** _____

LICENSED CONTRACTORS DECLARATION (LCD)

I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License #: _____ Exp Date: _____

Date: _____ Contractor: _____

Signature: _____ Title: _____

Print Name: _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations: **(check one)**

_____ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

_____ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy numbers are:

Carrier: _____ **Policy Number:** _____

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation law of California, and agree that if I should become subject to workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Exp. Date: _____ **Signature:** _____

Print Name: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, INTEREST, ATTORNEY'S FEES, AND DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE.

AUTHORIZATION FOR OTHER THAN C-57 SIGNING PERMIT APPLICATION

I, _____ (signature of C-57 licensed authorized representative),
hereby authorize (print name) _____, to
sign this San Joaquin County Well & Boring Permit Application on my behalf. I understand this authorization
is valid for one year and is limited to the work plan dated on the front page of this application.