



SITE MITIGATION WELL & BORING PERMIT APPLICATION

NON-REFUNDABLE PERMIT EXPIRES 1 YEAR FROM DATE ISSUED

24 Hours Advance Notice Required For All Inspections

CALL (209) 953-7697 For INSPECTIONS

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 San Joaquin County Well Standards.

Job Address _____ **City/State/Zip** _____ **Phone** _____

Cross Street _____ **APN** _____

Property Owner* _____ **Phone** _____

Address _____ **City/State/Zip** _____

C-57 Contractor _____ **License#** _____ **Phone** _____

Address _____ **City/State/Zip** _____

Consultant/Sub-Contractor _____ **License#** _____ **Phone** _____

Address _____ **City/State/Zip** _____

CONSTRUCTION WORK TO BE PERFORMED: *Note: Offsite Borings/Wells Require Access Agreements or Encroachment Permits

TYPE OF WELL/BORING	NUMBER	INSTALLATION TYPE	CONSTRUCTION SPECIFICATIONS
<input type="checkbox"/> MONITORING	_____	<input type="checkbox"/> HOLLOW STEM	BORING DEPTH _____ <input type="checkbox"/> BOLTED TRAFFIC BOX <input type="checkbox"/> STOVE PIPE
<input type="checkbox"/> EXTRACTION (Vapor/Water)	_____	<input type="checkbox"/> HAMMER/DRIVEN	DIA. OF BOREHOLE _____ <input type="checkbox"/> MULTIPLE CASINGS <input type="checkbox"/> MULTI-LEVEL WELL CASING DIA _____
<input type="checkbox"/> SOIL VAPOR PROBE	_____	<input type="checkbox"/> MUD ROTARY	CASING THICKNESS _____ TYPE OF CASING: <input type="checkbox"/> STEEL <input type="checkbox"/> PVC <input type="checkbox"/> OTHER _____
<input type="checkbox"/> SOIL BORING	_____	<input type="checkbox"/> PUSH POINT (GP/ CPT)	CONDUCTOR CASING <input type="checkbox"/> Yes <input type="checkbox"/> No Boring Dia: _____ Casing Dia: _____ Casing Depth: _____
<input type="checkbox"/> INJECTION (Air Sparge, Ozone)	_____	<input type="checkbox"/> HAND AUGER	GROUT SEAL DEPTH _____ TREMIE TYPE TO BE USED: <input type="checkbox"/> AUGERS <input type="checkbox"/> HOSE <input type="checkbox"/> PIPE
<input type="checkbox"/> OTHER	_____	<input type="checkbox"/> OTHER: _____	GROUT SEAL PUMPED? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Maximum Freefall Depth is 30 Ft)
WELL/ SOIL BORING IDs _____		GROUT SPECIFICATIONS _____	

DESTRUCTION WORK TO BE PERFORMED:

WELLS TO BE DESTROYED _____

WELL IDs _____

GROUT SPECIFICATIONS _____

TREMIE TYPE TO BE USED AUGERS HOSE PIPE

DESTRUCTION METHOD: (CHECK ALL THAT APPLY)

OVER-BORE DIAMETER of _____ inches to depth of _____ feet

PRESSURE GROUT To depth of _____ feet below surface

EXPLOSIVES From _____ to _____ feet below surface

MUSHROOM CAP 3 feet below surface or _____ feet below surface if >3 feet

COMMENTS:

I hereby certify that I am authorized to complete this application and that the work will be done in accordance with San Joaquin County Ordinance Codes and Standards, and all other applicable California laws.

Signed _____ Title/Company _____

Print Name _____ Date _____

DEPARTMENT USE ONLY

Application Accepted By: _____ Date Issued: _____

Grout Inspection By/Dates: _____

Destruction Inspection By/Dates: _____

Facility/Site Information

FA Name	FA Address	FA#	PR#
FA PE	WP Reviewed By	Work Plan Date	
<input type="checkbox"/> C-57 <input type="checkbox"/> C-57 Authorization for Other to Sign Permit <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Worker's Comp Waiver <input type="checkbox"/> Encroachment Permit <input type="checkbox"/> Access Agreement <input type="checkbox"/> Lead Agency Approval <input type="checkbox"/> MFR			

COMMENTS/CONDITIONS:

WP TYPE	PE	SC	FEE INFO	AMT REMITTED	CHECK#	RECV'D BY	DATE	WELL PERMIT#	INVOICE#
Permit			\$162 x						

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

JOB ADDRESS: _____ **PERMIT WP #:** _____

LICENSED CONTRACTORS DECLARATION

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

Contractor Name: _____

License #: _____ Expiration Date: _____

Signature: _____ Title: _____

Print Name: _____ Date: _____

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 #:** _____ **Exp. Date:** _____

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.

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, _____, hereby authorize _____

Name of C-57 Licensed Authorized Representative

Print Name of Authorized Agent

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.



SAN JOAQUIN
— COUNTY —
Greatness grows here.

Environmental Health Department

Signature of C-57 Licensed Authorized Representative