



**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"/> EXTRACTION (Vapor/Water)	_____	<input type="checkbox"/> HAMMER/DRIVEN	DIA. OF BOREHOLE _____
<input type="checkbox"/> SOIL VAPOR PROBE	_____	<input type="checkbox"/> MUD ROTARY	CASING THICKNESS _____
<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 _____	<input type="checkbox"/> OVER-BORE	DIAMETER of _____ inches to depth of _____ feet
WELL IDs _____	<input type="checkbox"/> PRESSURE GROUT	To depth of _____ feet below surface
GROUT SPECIFICATIONS _____	<input type="checkbox"/> EXPLOSIVES	From _____ to _____ feet below surface
TREMIE TYPE TO BE USED <input type="checkbox"/> AUGERS <input type="checkbox"/> HOSE <input type="checkbox"/> PIPE	<input type="checkbox"/> MUSHROOM CAP	<input type="checkbox"/> 3 feet below surface or _____ feet below surface if >3 feet

**DESTRUCTION METHOD: (CHECK ALL THAT APPLY)**

**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			\$179 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.**

\_\_\_\_\_  
Signature of C-57 Licensed Authorized Representative