



Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

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

APPLICANT: Complete all areas below (please print or type), sign and date below, and submit to Environmental Health and Safety with the applicable fee.

Permit Type: Monitoring Well Borings Destruct Environmental Assessment

Well Type: Remediation Well Extraction Well Soil Vapor Other _____

On-Site Well _____ ID # _____ # Off-Site Well _____ ID # _____

On-Site Boring _____ ID # _____ # Off-Site Boring _____ ID # _____

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

Site Address _____ APN# _____

City _____ State _____ Zip _____ Email Address _____

Facility Name _____

Owner Name (s) _____ Phone _____

Mailing Address _____ Ste # _____

City _____ State _____ Zip _____ Email Address _____

Responsible Party _____ Phone _____

Mailing Address _____ Ste # _____

City _____ State _____ Zip _____ Email Address _____

Consultant _____ License#/Type _____ Phone _____

Mailing Address _____ Ste # _____

City _____ State _____ Zip _____ Email Address _____

Drilling Contractor _____ C-57 License _____ Phone _____

Mailing Address _____ Ste # _____

City _____ State _____ Zip _____ Email Address _____

Disposal method for soil cuttings _____

Disposal method for development water _____

Drilling method _____

Method of drill equipment rinsate containment and disposal _____



Environmental Health ❖ 625 5th Street, Santa Rosa, CA 95404 ❖ 707-565-6565 ❖ EH@sonoma-county.org
<https://sonomacounty.ca.gov/Health/Environmental-Health-and-Safety/>

If destroying a well, abandonment method _____

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

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

If you answered yes to any of these, plot plans of wells in relation to all sewer and septic lines must be submitted along with the completed Attachment 3 form.

In addition, all monitoring wells must include an **identification system** affixed to the 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.

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 Environmental Health 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 the Department of Health Services, Environmental Health and Safety Section 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.

Signature of Well Driller _____ Date _____

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:

For office use only:

PE _____ PR# _____ SR# _____ Approved by _____ Date _____

Construction Approved by _____ Date _____ Observed? Yes No Well # _____

Cash Check Credit Card Trans# _____ Date Rec'd _____ by _____ Amount Rec'd \$ _____