FOR OFFICE USE ONLY	
PERMIT #:	WP #:
DATE RECEIVED:	FEES PAID:
RECEIPT #:	CHECK #:
FACILITY ID:	CREDIT CARD:

Date:_

Signature:_

MONITORING WELL & EXPLORATORY BORING PERMIT APPLICATION FORM

YOLO COUNTY Department of Community Services



Environmental Health Division
292 W. Beamer Street, Woodland CA 95695
Phone: (530) 666-8646 I Ehealth@volocounty.org

	Phone: (530) 666-8646 Ehealth@yolocounty.org							
PROPERTY OWNER INFORMATION								
Project Name: APN:								
Site Address:		City:		Zip Code:				
Property Owner(s):		Phone Numb		nber:	ber:			
Mailing Address:		City/State:			Zip Code:			
CONSULTANTINFORMATION								
Contact Name:	Bus	Business Name:						
Phone Number:	Em	Email:						
Mailing Address:	City	City/State:			Zip Code:			
Professional Engineer #:	Reg	Registered Geologist #:			Land Surveyor #:			
LICENSED CONTRACTOR INFORMATION								
Business Name:	Pho	Phone Number:		Email:				
Onsite Contractor's Name:	C57	C57 License #:		Ехр	Exp. Date:			
Mailing Address:	City/State:			Zip Code:				
Boring Type: ☐ Exploratory ☐ CPT ☐ Hydropunch ☐ Other: Well Type: ☐ Monitoring ☐ Vapor ☐ Extraction ☐ Sparging ☐ Cathodic ☐ Exploratory ☐ Bioventing								
Proposed # of Well(s): Proposed # of Boring(s): Contaminated Site? ☐ Yes ☐ No								
Well Abandonment?								
9, <u>California Business and Professions Code</u>), except whe hazardous waste facilities, other waste facilities, or underg Professional Engineer, California Registered Geologist, or I will comply with all Codes, Rules, and Regulations monitoring wells and soil borings. As owner or own correct to the best of my knowledge. Wells/borings Valley Flood Protection Board. Print Name & Title:	ground Califo s of th er's a	storage tanks, shall be pernia Certified Engineering e State and County peuthorized representatived in Yolo Bypass will re	erformed under t Geologist, when rtaining to con e, I confirm all equire a minor	the sup re spec structi inforn	ervision of a California Registered iffied by law. on, alteration or destruction of nation provided on this form is			
Print Name & Title: Signature: Date: Date: Date: Date: Date: Date: Signature: Date:								
FOR OFFICE USE ONLY	stalla	ation Permit Issuand	се					
☐ Approved ☐ Approved with Condition(s):								