

**PLUMAS COUNTY ENVIRONMENTAL HEALTH**

270 County Hospital Road, Ste 127 Quincy, CA 95971  
Phone (530) 283-6355 FAX (530) 283-6241

**APPLICATION FOR PERMIT TO CONSTRUCT A (PLEASE CHECK ALL APPROPRIATE)**

Monitoring Well  Geothermal Heat Exchange Wells

*TO ENSURE TIMELY PROCESSING OF YOUR APPLICATION, PLEASE, COMPLETE ALL PORTIONS OF THIS APPLICATION AND SUBMIT WITH APPROPRIATE FEE TO THE ADDRESS LISTED BELOW.*

SITE ADDRESS(Including Street No., Street Name and City)		APN
PROPERTY OWNER		PHONE NUMBER
MAILING ADDRESS( Including City, State and Zip Code)		
WELL CONTRACTOR	LICENSE NO. & CLASS	WORKER COMP #:
MAILING ADDRESS (Including City, State and Zip Code)		PHONE NUMBER: FAX NUMBER:

Please send copy of Permit to (*Check all that apply*):  Owner  Well Contractor

*Please also note that additional permits for electrical or mechanical work associated with Geothermal Heat Exchange systems may be required from Plumas County Planning and Building Services*

**AN ACCURATE PLOT PLAN MUST ACCOMPANY THIS APPLICATION**

*See Reverse for Sample Plot Map and Instructions*

**Terms of Permit**

I hereby certify that the above information, any attached test data and submitted plans are true and correct and that the proposed work shall comply with all permit conditions and applicable laws, ordinances, standards, and regulations. I agree to **obtain all required inspections and obtain written approval prior to** deviating from the approved permit or plans, and submit all data that is collected as part of this permit to Plumas County Environmental Health. It is understood that the issuance of a permit in no way indicates that a guarantee of perfect and indefinite operation of this system is made by the Plumas County Environmental Health Division.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date

**Mail Completed Application and PAYMENT to:**

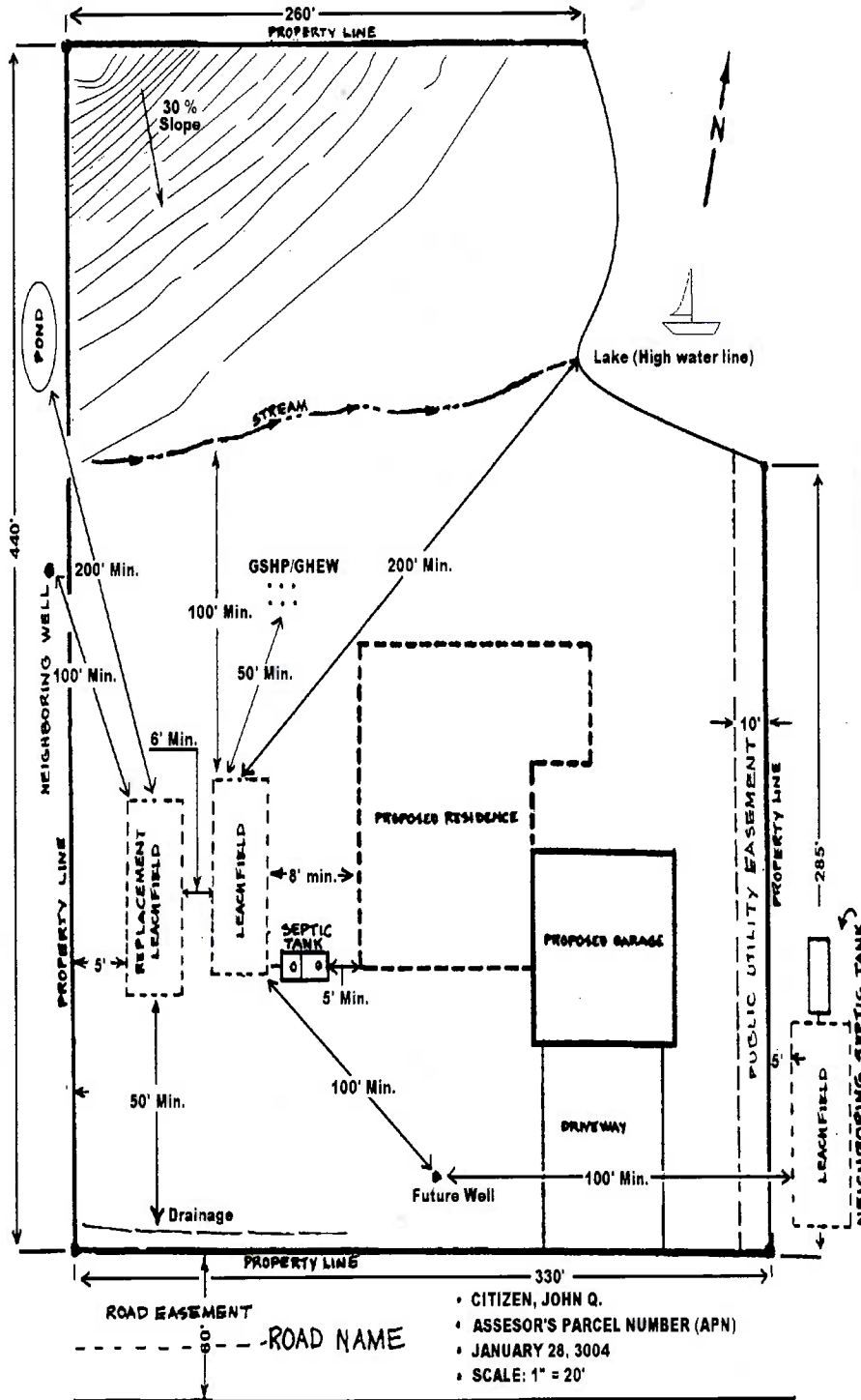
Environmental Health, 270 County Hospital Rd., Ste 127, Quincy, CA 95971

**OFFICE USE ONLY-DO NOT WRITE BELOW THIS BOX**

Receipt No.: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_

Application No.: \_\_\_\_\_

# SAMPLE PLOT PLAN DIAGRAM



1. Plot plan to be drawn on 8 1/2" x 11" paper, in ink or otherwise indelible.
2. In the lower right corner: List the parcel owner's name and current mailing address. List the date of the plot map, Assessor's Parcel Number (APN), address and lot number if applicable
3. Indicate Scale (example 1" = 20')
4. True North Arrow
5. Indicate location of any survey monuments and how property corners/lines can be located by the Environmental Health inspector.
6. Show location(s) of existing and/or proposed well's (within 100 feet of proposed leach area) and any public water supply main (within 10 feet).
7. Show all existing and/or future leach area(s).
8. Show all of the following that are within 200 feet of proposed leach area(s): year-round and seasonal watercourses (streams, springs etc.), drainage, bodies of water, meadows and wet marshy areas.
9. Show all cut or fill banks and natural escarpments in excess of 50% slope within 100 ft of leach area.
10. Show area of current and/or future buildings and structures.
11. Show all roadways, easements, areas of vehicular traffic, driveways and off-street parking.
12. Show location of proposed/current Geothermal Heat Exchange Wells (GHEW).
13. Show locations of all soil profiles, percolation test and piezometers.