



PLUMAS COUNTY ENVIRONMENTAL HEALTH

270 COUNTY HOSPITAL RD., Ste 127 Quincy, CA 95971

Phone (530) 283-6355 ~ Fax (530) 283-6241

APPLICATION FOR PERMIT TO DRILL A SOIL BORING

Applicants Name: _____ Phone _____

Primary Contact: _____ Phone _____

Mailing Address: _____ ZIP _____

Boring Location: _____

Parcel Number: _____ Lot Number _____

Property Owner: _____ Phone _____

Drilling Company Name: _____ License Number: _____

Soil Boring Details

Number Of Borings (____) Depth of borings (_____ Ft) Diameter of borings (_____ in)

Sealing method and material: _____

Plot plan of proposed soil boring location(s) is attached (required- see back for details)

Approximate Project Timeline

Drilling Start Date: _____ Drilling End Date: _____

* Note: Applications are only valid for one year

Onsite Utilities

Public utility locate (811) will be called at least 2-working days before drilling starts

Locate Ticket Number (if known): _____

Onsite Private Unities:

Liquid Waste Disposal: None private septic community septic sanitary sewer other _____

Water Supply: none private well community services other _____

Applicant Acknowledgement

____ (initial) 1. The above information is accurate

____ (initial) 2. A contract between the applicant and property owner has been signed

X

(Applicant Signature)

(Date)

FOR OFFICE USE ONLY

Location Approved by: _____ Date: _____

Surface Seal Depth: _____ Type of Material: _____

Surface Seal Inspection Approved by: _____ Date: _____

PLOT PLAN INSTRUCTIONS

Include:

- 1 **North Arrow**
- 2 **Approximate distance to property lines**
- 3 **Approximate distance to nearest leachfield or source of contamination**
- 4 **Location of buildings**
- 5 **Indicate location of all wells.
which one (ones) are to be abandoned or destroyed**