

DEPARTMENT OF RESOURCE MANAGEMENT

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Environmental Health Division

**WELL DESTRUCTION APPLICATION AND PERMIT FORM - INSPECTION LINE: (707) 784-6765.**

Provide a site plan showing locations of: roadways, buildings, existing wells, utilities, property lines and proposed borings.

**FOR OFFICE USE ONLY**

App. Received Date:	Total Fee:	Receipt No:	Permit No:	
Inspection Date:	Approval: <input type="checkbox"/> By:	Depth to Water (FT bgs):	Well Depth	Grout Depth:

<b>SITE ADDRESS:</b>	<b>Parcel Number(s)</b>
Well ID number(s)	GPS Location:

<b>Property Owner:</b>			
Mailing Address:	State:	Zip:	
Phone:	E-mail:		

<b>Well Owner (if different than property owner):</b>			
Mailing Address:	State:	Zip:	
Phone:	E-mail:		

<b>Drilling Contractor:</b>			
Address:		State:	Zip:
Phone:	E-mail:		

<b>Consultant:</b>			
Address:		State:	Zip:
Phone:	E-mail:		

Well Type	No. Of Wells	Casing Dia (in)	Borehole Dia (in)	Total Depth	Water Level	Destruction Method and Materials (use extra sheets as necessary) (See DWR Well Standards for minimum standards). For water supply wells, it is recommended to follow NRCS Code 351

**H – WORKERS COMPENSATION DECLARATION (Required) (Check which applies)**

I affirm that I have a certificate of consent to self-insure or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C. ) \_\_\_\_\_ Certified copy is hereby furnished. \_\_\_\_\_ Certified copy is filed with the Solano County Environmental Health Division.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

**CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE:** (This section need not be completed if the permit is for work valued at five hundred dollars (\$500) or less.) 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 Laws of California.

Date \_\_\_\_\_ Applicant \_\_\_\_\_

**NOTICE TO APPLICANT:** If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

**I – CERTIFICATION:** I will comply with all regulations of the Solano County Code chapter 13.10. I will provide a copy of any sampling data for environmental work within 60 days of completion of the work.

<b>Signature:</b>	<input type="checkbox"/> <b>Property Owner</b> <input type="checkbox"/> <b>Well owner</b> (if not property owner, requires authorization form) <input type="checkbox"/> <b>Contractor</b> <input type="checkbox"/> <b>Agent</b> (requires authorization form)
<b>Printed Name:</b>	
<b>Company:</b>	
<b>Mailing Address:</b>	
<b>Phone:</b>	<b>State / Zip</b>
	<b>E-mail</b>