



## 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 Utilities:

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**



PLUMAS COUNTY ENVIRONMENTAL HEALTH DEPARTMENT  
270 COUNTY HOSPITAL RD., Ste 127 QUINCY, CALIFORNIA 95971 530-283-6355  
**APPLICATION FOR PERMIT TO DRILL A SOIL BORING**

APPLICATION VALID  
FOR ONE YEAR ONLY

APPLICANT'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PARCEL NO. & AREA \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

STREET NUMBER \_\_\_\_\_

LOT NUMBER \_\_\_\_\_

# OF Borings ( ) \_\_\_\_\_

SEWAGE DISPOSAL FOR PREMISES: On-site ( ) \_\_\_\_\_ Off-Site Community ( ) \_\_\_\_\_ Sanitary Sewer ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

DRILLER \_\_\_\_\_

LICENSE #: \_\_\_\_\_

X

APPLICANT'S SIGNATURE \_\_\_\_\_

DRAW PLOT PLAN BELOW (See Instructions on Reverse Side)

A large rectangular grid consisting of 20 columns and 25 rows of small squares, intended for drawing a plot plan.

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Location Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Surface Seal Depth: \_\_\_\_\_ Type of Material: \_\_\_\_\_

Surface Seal Inspection Approved by: \_\_\_\_\_ Date: \_\_\_\_\_