



**CONTRA COSTA COUNTY  
ENVIRONMENTAL HEALTH DIVISION**

2120 DIAMOND BOULEVARD, SUITE 100  
CONCORD CA 94520  
Phone (925) 608-5500 Fax (925) 608-5502 www.cchealth.org/eh



**SOIL BORING PERMIT APPLICATION**  
*ONE APPLICATION PER PARCEL & TYPE OF WORK*

**TYPE OF WORK:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Soil Boring (01)     | <input type="checkbox"/> CPT 11+ (55)          | <input type="checkbox"/> Soil Vapor Probe 11+ (04)      |
| <input type="checkbox"/> Soil Boring 11+ (03) | <input type="checkbox"/> Inclinator (52)       | <input type="checkbox"/> Piezometer w/o casing (66)     |
| <input type="checkbox"/> CPT (53)             | <input type="checkbox"/> Soil Vapor Probe (02) | <input type="checkbox"/> Piezometer w/o casing 11+ (76) |

**PLEASE PRINT CLEARLY. \* REQUIRED FIELD MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL BE REJECTED.**  
**THE APPLICATION IS NOT THE PERMIT. ALLOW 5-7 WORKING DAYS FOR PROCESSING.**

<b>LEGAL OWNER INFORMATION</b>	*Legal Property Owner/Responsible Party:			
	*Address:		Phone Number:	
	*City:	State:	Zip code:	
	*Legal Property Owner (if different from Responsible Party):	Address/City/State/Zip Code:		
	* Site Address (if different from owner address):			
	*Assessor's Parcel Number:	Subdivision/Minor Subdivision #:	Lot/Parcel Number:	
	*On-site Contact Name:	*On-site Contact Cell Number:		
<b>LICENSED DRILLER INFORMATION</b>				
*Business Name:	*Contact Name:	*Business Phone:		
*Mailing Address:	*C-57 License Number:	Email Address:		
<b>CONSULTANT/ENGINEER INFORMATION</b>				
*Business Name:	*Contact Name:	*Business Phone:		
*Mailing Address:	Email Address:			
<b>*CONSTRUCTION/DESTRUCTION SPECIFICATIONS*</b>				
Number of Borings:	Borehole Diameter:	Boring Depth: (b.g.s):	Method of Drilling/Destruction/Other:	Proposed Drill Date(s):
Type of Material for annular seal/destruction (specify mix or product): <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Cement <b>** (Bentonite chips for transition seal only)**</b>				
<input type="checkbox"/> PLOT MAP <input type="checkbox"/> HEALTH & SAFETY PLAN <input type="checkbox"/> ENCROACHMENT PERMIT (if in right of way) <input type="checkbox"/> RIGHT OF ACCESS AGREEMENT				

**PERFORMANCE BOND REQUIREMENT:** Contra Costa County Ordinance, Title 4 Health and Safety, Article 414-4.10; Section 414-4.1023(a) Prior to the issuance of a permit, the applicant shall post with the health officer a cash deposit or bond guaranteeing compliance with the terms of this chapter and the applicable permit, such bond to be in an amount deemed necessary by the health officer to remedy improper work but not in excess of five thousand dollars.

I hereby certify that the above information and submitted plans are true and correct and that the proposed work will comply with all permit conditions and applicable laws and regulations. I agree to obtain all required inspections, maintain a copy of the approved permit and plans at the job site until final approval, and obtain written authorization prior to deviating from the approved permit or plans.

\_\_\_\_\_  
Signature of C-57 Licensed Driller

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

FA #:	Permit #:	P/E: <b>43</b>	WP #:	DATE RECEIVED:	REHS:	SUPERVISOR:
AMOUNT DUE: \$	AMOUNT PAID: \$	CHECK #:	CASH	CREDIT CARD: <input type="checkbox"/> MC <input type="checkbox"/> VISA	XR	
INITIAL:	DATE APPROVED:	<input type="checkbox"/> CONDITIONS				