

## 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



## ANNUAL PERMIT FOR SHALLOW HOLE NOTIFICATION APPLICATION

Allow three working days for processing. All drilling conducted under this permit must be preceded by a Shallow Hole Notification Application submitted to this Division at least 2 business days prior to commencement of drilling activity

One application per consultant/engineer office location.

## **General Conditions:**

- 1. Only **Geotechnical** investigations may be performed under this permit. Borings may not exceed 20 feet in depth. Other investigations including, but not limited to, environmental investigations, grab soil or water sampling, or any activities other than geotechnical investigations, require a Soil Boring Permit Application with the appropriate fees.
- 2. A Shallow Hole Notification Application must be submitted with the appropriate fee at least two (2) business days prior to each drilling project.
- 3. Borings conducted under this permit must be properly destroyed (grouted/sealed) in a manner approved by Contra Costa Environmental Health.
- **4.** Borings conducted under this permit must be under the supervision of a California Professional Geologist or Civil Engineer.
- 5. If contamination or groundwater is encountered during drilling, the Responsible Professional is to notify Contra Costa Environmental Health staff prior to destroying the boring and submit a Soil Boring Permit Application with the appropriate fees.
- **6.** Any well installations, including wells for geotechnical investigations, require the submission of a separate Well Permit Application with the appropriate fee
- 7. Permit is valid from date of issuance through December 31 of the same year. Permit fees are not prorated and are non-refundable.

CONSULTANT/ENGINEER INFORMATION

*Business Name:					Primary Contact:		Business Phone:		
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*Mailing Address:						Email Address:			
•									
Responsible Professional's Name:									
Responsible Professional's Signature:									
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FOR OFFICE USE ONLY									
FA#:		PR#	PERMIT#		PE 4305	DATE RECEIVED:		REHS:	SUPERVISOR:
AMOUNT DUE: \$		AMOUNT PAID: \$ C		CHECK#:		CACH CREDIT CARD. TIMO TIMO		XR	
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INITIAL:	DATE APPROVED:		CONDITIONS						