MARIN COUNTY - ENVIRONMENTAL HEALTH SERVICES

REPORT OF DESTRUCTION OF TEST HOLES OR GEOTECHNICAL BORINGS

Date: _______  Client Name: ____________________________________________

Land owner, if different from above: _______________________________________

Project name: ___________________________________  Contract Number (if any): _______

Location of work: ___________________________________  County: MARIN

Marin County Permit Numbers: ______________________________________

Consultant's Name / Address or FAX: ____________________________________

Well Driller's Name / Address or FAX: ____________________________________

______  Test or exploration holes are destroyed. Enclose the logs or completion reports, if any, that detail the destruction methods OR complete the form below:

   a) Depth of hole(s) _______________________________

   b) Depth of water in the hole(s) _______________________________

   c) Material and depth of seal _______________________________

   d) Method of sealing (i.e., pressure tremmie fill (one 94 lbs. bag per X gallons of water); gravity fill with or without a tremmie pipe)

   e) Date work was completed _______________________________

______  Another activity than above; please refer to enclosed information or comments below.

Comments ___________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signed by registered geologist or licensed engineer

__________________________________________________________________________

DATE __________________________

F:PROGRAM/WATER-WELL/FORMS AND FORM LETTERS/WELL DRILLING FORMS/TEST HOLES AND BORING DESTRUCTIONS.DOC