



COMMUNITY DEVELOPMENT AGENCY  
ENVIRONMENTAL HEALTH SERVICES DIVISION

**REPORT OF DESTRUCTION OF TEST HOLES OR GEOTECHNICAL BORINGS**

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

Land owner, if different from above: \_\_\_\_\_

Site Address: \_\_\_\_\_ APN: \_\_\_\_\_

Marin County Permit Number(s): \_\_\_\_\_

Consultant's Name / email: \_\_\_\_\_

Well Driller's Name / email: \_\_\_\_\_

*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) [from the surface] \_\_\_\_\_
- c) Material and depth of seal \_\_\_\_\_
- d) Method of sealing (i.e., pressure tremmie fill, gravity fill with or without a tremmie pipe, etc.)  
\_\_\_\_\_
- 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** \_\_\_\_\_ **Print name:** \_\_\_\_\_

**Email completed report to:** County of Marin, Environmental Health Service [marinehs@marincounty.org](mailto:marinehs@marincounty.org)