

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