

APPLICATION THIS IS NOT A PERMIT

Worker's Compensation Coverage (please check one):

___ A Certificate of current Worker's Compensation Insurance Coverage is on file with the State of California, Department of Consumer Affairs, Contractors State License Board.

OR

___ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Worker's Compensation laws of California.

By executing this application, the undersigned agrees to comply with all conditions, inspections and comments of the issued permit and all federal, state and county code requirements applicable to this permit. Furthermore, I understand that the Department of Environmental Health in no way guarantees trouble-free operation of the well and that future repair or the drilling of a new well may be necessary.

Please sign below:

Signature: _____ Date: _____

Please print your name: _____