



County of Sacramento

WELL DRILLER'S AUTHORIZATION LETTER

Site Address			
Well Driller			
Driller's Address			
Driller's Phone No.			
C-57 License No.		Exp. Date	

For the sole purpose of procuring permits for the construction, modification, repair, or destruction of wells or soil borings and the installation, repair, or replacement of well pumps at the aforementioned site, I hereby designate the following entity(ies) to act as my authorized representative:

Name(s)	
Company	
Address	
City, State, Zip	

I understand that as the applicant for permits for activities regulated under Chapter 6.28 of the Sacramento County Code, I am responsible for compliance with all provisions of that Chapter. I further understand that upon written notification to the EMD, I may rescind this authorization.

Signature	
Printed	
Title: RMO, RME, Officer	
Date:	