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**DEPARTMENT OF RESOURCE MANAGEMENT**



**SOLANO COUNTY**

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Environmental Health Division

**ENVIRONMENTAL BORING REPORT OF FINDINGS**

**Please Complete all Fields**

SCDRM Permit No(s):

Date(s) of the work:

Assessor's Parcel No(s):

Site Address/Location Description:

Owner's Name:

Phone No:

Consultant's Name:

Company:

E-mail:

Phone No:

**To constitute a complete Report of Findings, all items listed on the checklist below must be accurate and complete and the report must be submitted to our office. Solano County Department of Resource Management does not require analytical data for borings, unless they are associated with a UST Closure. Please do not send analytical unless it is required by our office.**

Boring logs for all permitted borings is attached.

Analytical Results reported to appropriate Regulatory Agency (check all applicable):

Applicable Regional Water Quality Control Board

DTSC

Uploaded to GeoTracker (Global ID# \_\_\_\_\_)

**I certify under penalty of law that:**

1. Based on my examination of any attached documentation and inquiry of the individuals who prepared or obtained it, I believe that the above information is true, accurate, and complete.
2. I am authorized to file this certification on behalf of the Respondent.
3. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
4. I understand that additional environmental investigation and remedial action may be required pursuant to Division 7 of the California Water Code commencing with section 13000 and Chapter 6.8 of the California Health and Safety Code commencing with section 25300.

Name (Print or Type):

Title:

Signature:

Date:

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