

Article XII, Chapter 40, City of Houston Code of Ordinances

**All permits shall be effective one (1) year from date of issuance****I. APPLICANT INFORMATION**Today's Date: \_\_\_\_\_ Is this a renewal application?  Yes  No

If yes, which permit(s)? \_\_\_\_\_

**Applicant***If applicant is a corporation, partnership or association, then the applicant shall provide evidence of its existence, of its authority to maintain the facility, and of the authority of the person signing the application to act on behalf of the entity.*

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Person authorized to file application***Must be the same person to sign Acknowledgement & Affidavit in Section V.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Type of business entity:** \_\_\_\_\_*For example, corporation, partnership, association, sole proprietorship. Organization documents of business entity should be attached (certificate of incorporation, assumed name certificate, etc.).***Corporate Registered Agent (if applicable)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Emergency contact information***List two (2) persons other than the person filing for permit*

Name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Business address: \_\_\_\_\_

Home address: \_\_\_\_\_

Name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Home phone number: \_\_\_\_\_

Business address: \_\_\_\_\_

Home address: \_\_\_\_\_

# MONITORING WELL/BORING PERMIT APPLICATION

## Agents, Contractors or Engineers

List every agent, contractor or engineer that will perform work in the installation, monitoring and removal of facility. Additional information may be attached. A copy of the Driller's state license for drilling monitoring well facilities must also be attached.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Work performed: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Work performed: \_\_\_\_\_

## II. MONITORING WELL/BORING INFORMATION

Identifying number: \_\_\_\_\_ Applying for multiple facilities?  Yes  No  
(LPST, VCP, DCRP, etc)

### Number of facilities (identify the type of each facility)

Monitoring well or other device: \_\_\_\_\_ Environmental test boring(s): \_\_\_\_\_

TOTAL: \_\_\_\_\_

### Detailed facility location description\*

Include facility ID. Attach additional descriptions for multiple locations, if needed.

1 <sup>st</sup> location: _____	GIS Coordinates Lat = _____ Long = _____ GIS Coordinates	Key Map: _____
2 <sup>nd</sup> location: _____	Lat = _____ Long = _____	Key Map: _____

Address of suspected contamination source: \_\_\_\_\_

\*Attach a colored GIMS map identifying the location of each facility; all city utilities near each facility; the distance of each facility from city utilities; the location description provided by the Global Position Satellite; and x, y coordinates for mapping by Geographic Information System. Attach plans showing design, dimension and depth of each facility; the manner in which each facility will be placed; and the process that will be used for the removal and closure of each facility. Information is required for both monitoring wells and borings. A minimum of 10 feet between each facility and any existing sanitary sewer line, and a minimum of 5 feet between each facility and any existing water and storm line and traffic signal conduit must be maintained.

Registered Engineer/Surveyor: \_\_\_\_\_  
(only applies if colored GIMS map is not used to identify location of facilities)

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Plan number: \_\_\_\_\_

## MONITORING WELL/BORING PERMIT APPLICATION

### III. PERMIT INFORMATION

Permit type	Application fees	Calculations
Original	\$392.53 (1 <sup>st</sup> facility) + \$84.11 (each additional facility)	\$ _____
Renewal	\$84.11 (per facility)	\$ _____
Administrative fee	\$29.64 (per application)	\$ _____
TOTAL FEE		\$ _____

All fees are non-refundable

### IV. INSURANCE AND BOND INFORMATION

No permit will be issued without an insurance and bond certificate.

Restoration Bond No.: \_\_\_\_\_ Restoration Bond Sum: \_\_\_\_\_  
(attach original bond) (\$1000 1<sup>st</sup> well + \$750 each additional)

Bond surety name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email address: \_\_\_\_\_

Insurance Policy No: \_\_\_\_\_

Insurer: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

### V. ACKNOWLEDGEMENT AND AFFIDAVIT

The undersigned Applicant acknowledges, and agrees to observe all provisions of Article XII, Chapter 40, City of Houston Code of Ordinances, with all subsequent revisions, that are applicable to the work herein described and will perform work in accordance with the above plans and specifications. Applicant further swears under penalty of law that the information provided herein is true and correct to the best of Applicant's knowledge.

Applicant Signature: \_\_\_\_\_

Agent name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be the same person authorized in Section I)

Agent signature: \_\_\_\_\_

Submit completed application to:

Monitoring Wells  
City of Houston, Houston Public Works  
1002 Washington Ave, 2<sup>nd</sup> floor  
Houston, TX 77002