



# Mendocino County Health & Human Services Agency

*Healthy People, Healthy Communities*

**Stacey Cryer, Director**

Public Health Branch

Division of Environmental Health

Deputy Director David Jensen



## WELL COMPLETION REPORT REQUEST – AGENCY STUDY

Government Agencies & their Authorized Agents

Under California Water Code Section 13752, the agency named below requests permission from the Mendocino County Environmental Health Division to inspect or copy a Well Completion Report filed pursuant to Section 13751 to make a study.

In accordance with Section 13752 the information obtained from these reports shall be kept confidential and shall not be disseminated, published, or made available for inspection by the public. The information shall be used only for the purpose of conducting the study. Copies obtained shall be stamped **CONFIDENTIAL** and shall be kept in a restricted file accessible only to agency staff of the authorized agent for the study.

Project Name: \_\_\_\_\_ Radius: \_\_\_\_\_

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

Assessors Parcel Number: \_\_\_\_\_

Township, Range, Section: \_\_\_\_\_

(Include entire study area and a map that shows the area of interest.)

\_\_\_\_\_  
Authorized Agent Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Authorized Agent Name (Print)

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Government Agency Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Agency Contact Name (Print)

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

*(EH office use only)*

- Copy Supplied
- Notice of No Report \_\_\_\_\_