



**COUNTY OF VENTURA
PUBLIC WORKS AGENCY**
Groundwater Section
800 South Victoria Avenue,
Ventura, California 93009-1600
Phone: (805) 654-2024

Monitoring Well Inspector Registration Form

INSPECTOR NAME

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ E-MAIL _____

STATE OF CALIFORNIA LICENSE

STATE LICENSE NO. _____ LICENSE EXPIRATION DATE _____

Registered Civil Engineer (RCE) _____ Professional Geologist (PG) _____

WORKER'S COMPENSATION INSURANCE

CARRIER NAME _____

CARRIER ADDRESS _____

INSURANCE EXPIRATION DATE _____

QUALIFYING EXPERIENCE (Provide a brief description of experience which qualifies you to inspect well drilling and sealing work. Attach additional sheets if necessary.)

CERTIFICATION

I certify to the best of my knowledge that the information provided above is true and accurate. I also certify that I have reviewed Ventura County Ordinance No. 4468 and agree to comply with the provisions contained therein and any other state and local regulations pertaining to the drilling of wells.

NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____ DATE _____

Text of Ventura County Well Ordinance No. 4468 is available at <https://s29422.pcdn.co/wp-content/uploads/2018/08/Well-Ordinance-No.-4468.pdf>