

Groundwater Well Monitoring Program

PJR-122



Affidavit indicating that use permit has not commenced or the use has ceased

Name: _____

Address: _____

State, City, Zip: _____

_____ The approved Use Permit (_____) has not commenced as of this date. I understand that when the use commences I will comply with the terms of the Use Permit conditions of approval which require groundwater monitoring on an annual basis.

_____ The approved use associated with Use Permit (_____) has ceased and we have no intention of operating the use in the future.

Property Owner / Authorized Representative

Date

Please print name

Telephone number

Mailing Address (If different from above)

City, State, and Zip Code

Return completed Affidavit to: PRMD, Attn: Health Specialist, 2550 Ventura Ave., Santa Rosa, CA 95403-2829.