

## **County of Sacramento**

Bruce Wagstaff
Deputy County Executive
Social Services Agency

Environmental Management
Department
Marie Woodin, Director

## PROPERTY OWNER'S AUTHORIZATION LETTER

110				
Site Address				
Well Driller				
Driller's Address				
Driller's Phone No.				
C-57 License No.			Exp. Date	
	e installation,	repair, or replace	ment of well pun	ion, repair, or destruction of wells nps at the aforementioned site, I entative:
Name(s)				
Company				
Address				
City, State, Zip				
	oonsible for cor	npliance with all រុ	provisions of that (	er Chapter 6.28 of the Sacramento Chapter. I further understand that
Signature				
Printed				
Title:Property Owner,	/Officer			
Date:				

11/4/2019 jm W:\Data\FORMSARCHIVE\WP\WELLS\NEW ADDRESS\12 PROPERTY OWNER'S AUTHORIZATION.DOCX