



**TULARE COUNTY
HEALTH & HUMAN SERVICES AGENCY**

Donna Ortiz
Agency Director

Karen M. Elliott, MBA • Director • Public Health Branch
Nilsa Gonzalez, REHS • Public Health Branch Deputy Director • Environmental Health Director

WELL INFORMATION

Well # _____
Depth _____ ft.

Well Type

Drilled ☐
Horizontal ☐
Spring ☐
River Well ☐

Pump Type

Turbine ☐
Jet ☐
Centrifugal ☐
Submersible ☐

Horsepower _____

Well# _____
Depth _____ ft.

Well Type

Drilled ☐
Horizontal ☐
Spring ☐
River Well ☐

Pump Type

Turbine ☐
Jet ☐
Centrifugal ☐
Submersible ☐

Horsepower _____

Well # _____
Depth _____ ft.

Well Type

Drilled ☐
Horizontal ☐
Spring ☐
River Well ☐

Pump Type

Turbine ☐
Jet ☐
Centrifugal ☐
Submersible ☐

Horsepower _____

TANK INFORMATION

Tank	Capacity	Type	Material	Other
1	_____ Gallons	<input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Steel <input type="checkbox"/> PVC	_____
2	_____ Gallons	<input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Steel <input type="checkbox"/> PVC	_____
3	_____ Gallons	<input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Steel <input type="checkbox"/> PVC	_____
4	_____ Gallons	<input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Steel <input type="checkbox"/> PVC	_____
5	_____ Gallons	<input type="checkbox"/> Pressure <input type="checkbox"/> Gravity	<input type="checkbox"/> Steel <input type="checkbox"/> PVC	_____

DISTRIBUTION SYSTEM

Mains	_____ Inches	Laterals	_____ Inches
PVC	<input type="checkbox"/>	PVC	<input type="checkbox"/>
Copper	<input type="checkbox"/>	Copper	<input type="checkbox"/>
	Galvanized		Galvanized
	Other		Other



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WATER TREATMENT

Is the water system equipped with any treatment device(s)?

☐

No

☐

Yes

If yes, provide details of the device(s) and attach any documentation. _____
