



**TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY**

**Environmental Health Services**

5957 S. Mooney Blvd. Visalia, CA 93277

(559) 624-7400 – [www.tularecountyeh.org](http://www.tularecountyeh.org)

Email: [tularecountyehwells@tularecounty.ca.gov](mailto:tularecountyehwells@tularecounty.ca.gov)

**WELL PERMIT AMENDMENT APPLICATION**

**WELL PERMIT INFORMATION:**

Permit Number \_\_\_\_\_ Assessor's Parcel Number (APN) \_\_\_\_\_

**APPLICANT INFORMATION:**

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

**AMENDMENT REASON:**

Permit Extension Current Expiration Date \_\_\_\_\_

**AMENDMENT REASON:**

Contractor Current Contractor \_\_\_\_\_

**AMENDMENT REASON:**

APN Change New APN \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

GPS Data (Decimal Degrees) \_\_\_\_\_ Parcel Size \_\_\_\_\_  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Location \_\_\_\_\_  
Address/Distance from nearest roads, avenues, streets and property lines

This section requires an updated map and completion of new setbacks on next page

**AMENDMENT REASON:**

Location Change on Same APN GPS Data (Decimal Degrees) \_\_\_\_\_  
Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Location \_\_\_\_\_  
Address/Distance from nearest roads, avenues, streets and property lines

This section requires an updated map and completion of new setbacks on next page

**AMENDMENT REASON:** Type of Work From \_\_\_\_\_ To \_\_\_\_\_ Type of Well From \_\_\_\_\_ To \_\_\_\_\_**AMENDMENT REASON:** Other Explain \_\_\_\_\_**WELL SETBACKS** (Complete this section for APN Change/Location Change on Same APN)

Setbacks from surrounding parcels must be taken into consideration when selecting a well site location. Setback requirements may be increased by Tulare County Environmental Health if dangers of pollution, contamination or other adverse conditions are known to be present.

If the well site is located within 1 mile radius of a landfill, additional requirements may apply.

Measuring in feet, list the distances between the new well site and the following (if applicable). Minimum requirements are in parentheses:

Front Property Line (25 ft.)	_____	Storm Drain (50 ft.)	_____
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Side Property Line (5 ft.)	_____	Seepage Pit (150 ft.)	_____
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Septic Tank & Leach Field (100 ft.)	_____	Animal/Fowl Enclosure (100 ft.)	_____
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Sewer Laterals (50 ft.)	_____	Existing Active Well(s) (50 ft.)	_____
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Surface Water (25 ft.)	_____	Underground Storage Tank (150 ft.)	_____
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**Attach an updated map to include:** Major cross street near parcel; address/distance from nearest roads, avenues, streets and property lines; structures on parcel; well setback distances listed above.

**CONTRACTOR INFORMATION**

Contractor _____	C-57 License # _____
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_____	_____	_____
Representative Name	Signature	Date

**ENVIRONMENTAL HEALTH SERVICES USE ONLY**

Date Received _____	Fee Amount _____	Receipt # _____	Invoice # _____
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Payment Method: <input type="radio"/> Cash	<input type="radio"/> Check # _____	<input type="radio"/> CC Approval # _____	Received by _____
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<input type="radio"/> Flood Zone	<input type="radio"/> Landfill	<input type="radio"/> DWR	<input type="radio"/> DTSC	<input type="radio"/> Parcel Manger Hold _____	<input type="radio"/> CEQA	RMA Clear Date _____
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<input type="radio"/> GIS Review	<input type="radio"/> PALMS	<input type="radio"/> CSLB Check	C-57 Expiration Date _____	<input type="radio"/> GSA Review	Send Date _____
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Other _____
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