



TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY

Environmental Health Services

5957 S. Mooney Blvd. Visalia, CA 93277

(559) 624-7400 – www.tularecountyeh.org

Email: 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.)	_____
Side Property Line (5 ft.)	_____	Seepage Pit (150 ft.)	_____
Septic Tank & Leach Field (100 ft.)	_____	Animal/Fowl Enclosure (100 ft.)	_____
Sewer Laterals (50 ft.)	_____	Existing Active Well(s) (50 ft.)	_____
Surface Water (25 ft.)	_____	Underground Storage Tank (150 ft.)	_____

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 # _____

Representative Name_____
Signature_____
Date**ENVIRONMENTAL HEALTH SERVICES USE ONLY**

Date Received _____ Fee Amount _____ Receipt # _____ Invoice # _____

Payment Method: Cash Check # _____ CC Approval # _____ Received by _____ Flood Zone Landfill DWR DTSC Parcel Manger Hold _____ CEQA RMA Clear Date _____ GIS Review PALMS CSLB Check C-57 Expiration Date _____ GSA Review Send Date _____

Other _____