



**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 DRILLER REGISTRATION & CERTIFICATION STATEMENT**

Company Name: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State Zip

Owner: \_\_\_\_\_ Driller: \_\_\_\_\_

C-57 License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Coverage by: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_ Worker’s Compensation?  Yes  No

Drilling Methods:  Cable Tool  Rotary  Reverse Rotary  
 Other \_\_\_\_\_

Does your company destroy wells?  Yes  No

Do you disinfect wells that have bacteriological issues?  Yes  No

Does your company install, repair or service pump equipment?  Yes  No

Other services provided: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify, as the authorized representative of the above company, that this license and insurance coverage is valid. I will apply and receive the required well permits prior to work performed in Tulare County. The insurance coverage and license will be maintained in full effect and good standing during the course of all work conducted.

\_\_\_\_\_  
Printed Name Signature Date

Please attach a current copy of the contractor’s license, insurance coverage and Worker’s Compensation (if applicable). This information will be kept on file within the Environmental Health office.