



# TULARE COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION

5957 SOUTH 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)

## APPLICATION TO DESTROY A WELL

Application #: WWA – \_\_\_\_\_

Permit #: WELL \_\_\_\_\_

### APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I am the:  Property Owner  Authorized Agent of the Property Owner (Attach Written Authorization)

Property Owner: (If Other than Applicant) \_\_\_\_\_ Telephone: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

### CONTRACTOR INFORMATION

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

E-Mail Address: \_\_\_\_\_

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

C-57 License #: \_\_\_\_\_ Office Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### CONSULTANT INFORMATION (Required for Remedial Action Sites)

Consulting Firm: \_\_\_\_\_ Contact: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### PARCEL INFORMATION

Location: \_\_\_\_\_  
Address or Distance from Nearest Cross Streets (or Property Lines)

Is the well within city limits?  Yes  No Nearest City: \_\_\_\_\_ Parcel Size: \_\_\_\_\_ Acre(s)

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Township Range Section

GPS Data: (Use Decimal Degrees) \_\_\_\_\_  
Latitude Longitude Elevation (ft.)  Valley (Complete the following section)  Foothills/Mountains

Project Start Date: \_\_\_\_\_ Application must be submitted at least ten (10) working days prior to the proposed starting date.

<b>Groundwater Basin:</b> Select the Groundwater Basin <u>and</u> the Groundwater Sustainability Agency (GSA) that has jurisdiction where the well is located.	<input type="radio"/> <b>Kaweah</b> <input type="radio"/> East Kaweah GSA <input type="radio"/> Greater Kaweah GSA <input type="radio"/> Mid-Kaweah Groundwater Subbasin Joint Powers Authority	<input type="radio"/> <b>Kings</b> <input type="radio"/> Central Kings GSA <input type="radio"/> Kings River East GSA	<input type="radio"/> <b>Tulare Lake</b> <input type="radio"/> El Rico GSA <input type="radio"/> Tri County Water Authority	<input type="radio"/> <b>Tule</b> <input type="radio"/> Alpaugh GSA <input type="radio"/> Delano – Earlimart GSA <input type="radio"/> Eastern Tule GSA <input type="radio"/> Lower Tule Irrigation District <input type="radio"/> Pixley Irrigation District <input type="radio"/> Tri County Water Authority
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TYPE OF WORK	
<input type="radio"/> Destroy	Fill, cap, and bury a well.

WELL TYPE		
<input type="radio"/> Domestic (1 – 4 Homes)	<input type="radio"/> Dairy Supply	<input type="radio"/> Test Well
<input type="radio"/> Community	<input type="radio"/> Industrial	<input type="radio"/> Cathodic Protection
<input type="radio"/> Agricultural		<input type="radio"/> Monitoring Well(s) †
<input type="radio"/> Other _____		
†Number of Monitoring Well(s): _____		

**WELL DESTRUCTION INFORMATION**

Gravel Pack    Open Bottom    Uncased    Other \_\_\_\_\_ Diameter \_\_\_\_\_ in.

Well Casing:    PVC    Steel   Original Well Depth: \_\_\_\_\_ ft.

Casing cut off \_\_\_\_\_ ft. below grade (max of 5') Note: No excavation requires explanation and approval.

Explanation: \_\_\_\_\_

Seal Depth: \_\_\_\_\_ ft. Method:    Freefall (Min 20', Max 30')    Tremie Pipe (Only metal tremie pipe can be used for destructions)

Fill material below seal: \_\_\_\_\_

Seal Material:    Neat Cement    Concrete    \_\_\_\_\_ Sack Sand Slurry    Bentonite-Product Name Type \_\_\_\_\_

**CONTRACTOR DISCLAIMERS**

\_\_\_\_\_ Submitting an incomplete application will delay the issuance of a permit. Destruction operations shall not commence until this application is approved and a permit has been issued. Once issued, the permit is to be available at all times on-site during Construction, Deepening or Reconstruction activities. With my initials, I certify that I have read and understand the above disclaimers.

**DRILLING CONTRACTOR CERTIFICATION STATEMENT**

\_\_\_\_\_ I hereby certify under penalty of perjury that all information provided on this well permit application is true, correct, and complete to the best of my knowledge. I understand that all work is to be done in accordance with the Tulare County Well Ordinance and the California Department of Water Resources Bulletin 74-81, 74-90 and all subsequent bulletins, as well as any and all permit conditions added through the application review process. In addition, I have a current and active C-57 Contractor's License and, if I employ workers, a current certificate of Worker's Compensation Insurance. Licensed under the provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, as a well drilling contractor and such license is in full force and effect.

**INDEMNIFICATION**

By signing below, I hereby agree to defend, indemnify, and hold harmless the County of Tulare, its agents, legislative body, officers, or employees in any legal or administrative action, claim or proceeding concerning approval of this Application; or at the County's election and in the alternative, shall relinquish such approval. I agree to assume the defense of the County in any such legal or administrative action, claim or proceeding with legal counsel paid for in the entirety by me, but subject to the County's reasonable approvals. I agree to reimburse the County, its agents, its legislative body, officers or employees for any judgments, amounts paid in the settlements, court costs, and attorney's fees with the County, its agents, legislative body, officers, or employees may be required to pay at court as a result of such action, claim or proceeding. The County may, at its sole discretion, participate at its own expense in the defense of any such action, claim or proceeding, but such participation shall not relieve me of my obligations under this condition.

CONTRACTOR	APPLICANT
<p>This application is not considered complete until properly signed by both the Contractor and the Property Owner (or the Authorized Agent of the Property Owner).</p> <p>Any misrepresentation on this application or noncompliance with required permit conditions, or regulations, will result in the issuance of a "Stop Work Order".</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>This application is not considered complete until properly signed by both the Contractor and the Property Owner (or Authorized Agent of the Property Owner).</p> <p>As the Property Owner (or Authorized Agent of the Property Owner) I hereby grant permission to perform the work as described in this application. Also, I agree to provide access to TCEHD personnel for inspection purposes.</p> <p>Print Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p>

**ENVIRONMENTAL HEALTH SERVICES DIVISION USE ONLY**

Date Received \_\_\_\_\_ Fee Amount \_\_\_\_\_ Receipt # \_\_\_\_\_ Invoice # \_\_\_\_\_

Payment Method:    Cash    Check # \_\_\_\_\_    CC Approval # \_\_\_\_\_   Received by: \_\_\_\_\_

PALMS Hold: Y \_\_\_ N \_\_\_    CSLB Check   C-57 Expiration Date \_\_\_\_\_    GSA Review \_\_\_\_\_

Other: \_\_\_\_\_

**SITE MAP INFORMATION**

The space below can be used to include a map. The map must include:

Nearest cross-streets to the parcel

Existing structures on the parcel

Property lines and measurements (One from North or South and one from East or West)

North Property Line \_\_\_\_\_ South Property Line \_\_\_\_\_

East Property Line \_\_\_\_\_ West Property Line \_\_\_\_\_

