



TULARE COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION

5957 SOUTH MOONEY BLVD. VISALIA, CA 93277

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

Email: tularecountyehwells@tularecounty.ca.gov

APPLICATION TO DESTROY A WELL

Application #: WWA – _____

Permit #: WELL _____

APPLICANT INFORMATION				
Applicant Name: _____		Telephone: _____		
I am the: <input type="radio"/> Property Owner <input type="radio"/> Authorized Agent of the Property Owner <i>(Attach Written Authorization)</i>				
Property Owner: <i>(If Other than Applicant)</i> _____		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 <small>(Required for Remedial Action Sites)</small>				
Consulting Firm: _____		Contact: _____		
Mailing Address: _____				
Street		City, State		Zip Code
E-Mail Address: _____ Telephone: _____				
PARCEL INFORMATION				
Location: _____				
<small>Address or Distance from Nearest Cross Streets (or Property Lines)</small>				
Is the well within city limits? <input type="radio"/> Yes <input type="radio"/> No		Nearest City: _____	Parcel Size: _____	Acre(s)
APN: _____ - _____ - _____				
Township		Range		Section
GPS Data: <i>(Use Decimal Degrees)</i> _____				
Latitude		Longitude		Elevation (ft.)
			<input type="radio"/> Valley <i>(Complete the following section)</i>	
			<input type="radio"/> Foothills/Mountains	
Project Start Date: _____ <small>Application must be submitted at least ten (10) working days prior to the proposed starting date.</small>				
Groundwater Basin: Select the Groundwater Basin <u>and</u> the Groundwater Sustainability Agency (GSA) that has jurisdiction where the well is located.	<input type="radio"/> Kaweah <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"/> Kings <input type="radio"/> Central Kings GSA <input type="radio"/> Kings River East GSA	<input type="radio"/> Tulare Lake <input type="radio"/> El Rico GSA <input type="radio"/> Tri County Water Authority	<input type="radio"/> Tule <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

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 _____

