



TULARE COUNTY ENVIRONMENTAL HEALTH SERVICES DIVISION
5957 SOUTH MOONEY BLVD., VISALIA, CA 93277
PHONE (559) 624-7400 FAX (559) 733-6932

WELL INACTIVATION APPLICATION - INITIAL

Legal Property Owner _____ Phone # _____

Contact Person (Check one): Owner Manager Lessee Phone # _____

Email _____

Mailing Address _____

Address _____ City _____ State/Zip Code _____

WELL INFORMATION

(connections)

Domestic (1-4) Agricultural Industrial

Community (5 or more) Dairy

Well Casing Diameter (Inches) _____ Parcel Size _____ Acre(s) _____

Assessor's Parcel Number _____ Township _____ Range _____ Section _____

DRAW A SITE MAP SHOWING LOCATION OF WELL



I wish to declare my well "Out of Service"

I wish to declare my well "out of service." I agree to maintain my well subject to the following conditions:

1. The well has no defects which will impair quality of water in the well or in the water-bearing formations penetrated.
2. Any openings to the well shall be covered with a watertight seal that is secured by a lock or weld to prevent removal without the use of equipment or tools, to prevent injury to persons and the entrance of undesirable water, rodents, or foreign matter.
3. The well is marked so that it can be clearly seen.
4. The area surrounding the well is kept clear of brush or debris.
5. Electrical service and water supply lines will be disconnected from the water pump.
6. A declaration of intent shall be made every year and may be subject to additional fees.

I understand that a representative of the Tulare County Environmental Health Services Division may inspect my well in thirty (30) days to verify that the above conditions are met.

I agree to provide the necessary water quality analyses results if required, pay applicable fees and to contact the Environmental Health Division in order to arrange for a final inspection of my well prior to returning it into service.

If there are no plans to use the well in the future, the well will be destroyed as required and in accordance with Tulare County Well Ordinance Article 13, Section 4-13-1745.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct, and complete.

Print Name

Signature

Date

ENVIRONMENTAL HEALTH SERVICES DIVISION USE ONLY

Date Rec'd _____ Fee Amount _____ Receipt # _____ Invoice # _____

Payment Type: Cash Check # _____ Credit Card – Approval # _____ Rec'd By _____

WWIA - _____

WELLIN _____