



# WELL APPLICATION FORM

# WELL

PLAN CHECK NO.

CITY OF VISALIA  
 315 E. ACEQUIA  
 VISALIA, CA 93291  
 (559) 713-4444

## FOR WELL INSTALLATION OR DESTRUCTION

Owner \_\_\_\_\_ Telephone \_\_\_\_\_

Site Address \_\_\_\_\_

Nearest Cross Street \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_

Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

Applicant Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ State License No. \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Worker's Comp. Exp. \_\_\_\_\_

Type of Work	Method Used	Type of Well		Casing Information
<input type="checkbox"/> Deepen	<input type="checkbox"/> Air Rotary	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Monitoring*	Casing Material _____
<input type="checkbox"/> Destroy	<input type="checkbox"/> Cable Tool	<input type="checkbox"/> Cathodic	<input type="checkbox"/> Public Domestic	Diameter _____
<input type="checkbox"/> Drilling	<input type="checkbox"/> Hollow Stem Auger	<input type="checkbox"/> Individual	<input type="checkbox"/> Remediation*	Gauge _____
<input type="checkbox"/> Recondition	<input type="checkbox"/> Reverse Rotary	<input type="checkbox"/> Industrial	<input type="checkbox"/> Soil Boring	Perforations: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Rotary			Slot Size _____ inches

Well Information			
Depth of Well _____		Annular Seal	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gravel Packed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Depth of Seal _____ ft.	
Conductor Casing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seal Material _____	

\*For monitoring or remediation wells, a copy of this form is to be sent to Hazardous Materials Unit, Tulare County Environmental Health.

A site plan is required showing location of each well and boring.

I hereby certify that I have prepared this application and that the work will be done in accordance with the provisions of the City of Visalia Ordinance Code, Chapter 13, Article, and Bulletin 74-81 -74-90 of the Department of Water Resource, State of California, Southern District.

\_\_\_\_\_  
 Signature Date

In accordance with the provision of the City of Visalia Well Ordinance, permission is granted to perform the work as set forth in this application. This application becomes your APPROVAL TO DRILL upon receipt of all requested information, associated fees, and signed hereupon.

Permit Fee (4014-43102) \$ \_\_\_\_\_

Issued by \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_