



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
☐ Deepen	☐ Air Rotary	☐ Agriculture	☐ Monitoring*
☐ Destroy	☐ Cable Tool	☐ Cathodic	☐ Public Domestic
☐ Drilling	☐ Hollow Stem Auger	☐ Individual	☐ Remediation*
☐ Recondition	☐ Reverse Rotary	☐ Industrial	☐ Soil Boring
	☐ Rotary		

Well Information	
Depth of Well _____	Annular Seal ☐ Yes ☐ No
Gravel Packed ☐ Yes ☐ No	Depth of Seal _____ ft.
Conductor Casing ☐ Yes ☐ 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. _____