

**Appendix F**  
**Fresno County Well Documents**



**FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DIVISION**

P.O. Box 11867, Fresno, California 93775 Tel: (559) 600-3357 FAX: (559) 600-3379  
Website: [www.fcdph.org](http://www.fcdph.org)

**REQUIREMENTS FOR MAINTAINING AN INACTIVE WATER WELL**

An inactive water well is considered "abandoned" if it has not been used for a period of one year and must be destroyed by a licensed C-57 water well contractor unless the owner demonstrates intention to use the well again. In accordance with Section 115700 of the [California Health and Safety Code](#), the well owner shall properly maintain an inactive well as evidence of intention for future use in such a way that the following requirements are met:

1. The well shall not impair the quality of water in the well and groundwater encountered by the well.
2. The top of the well or well casing will be provided with a cover, that is secured by a lock or by other means to prevent its removal without the aid of equipment or tools, to prevent unauthorized access, to prevent a safety hazard to humans and animals, and to prevent illegal disposal of wastes in the well.

The cover will be watertight where the top of the well casing or other surface openings to the well are below ground level, such as in a vault or below known levels of flooding. The cover will be watertight if the well is inactive for more than five consecutive years. A pump motor, angle drive, or other surface feature of a well, when in compliance with the above provisions, shall suffice as a cover.

3. The well will be marked so as to be easily visible and located, and labeled so as to be easily identified as a well.
4. The area surrounding the well will be kept clear of brush, debris, and waste materials.



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**WELL DESTRUCTION REQUIREMENTS**

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References: California Well Standards Ordinance [WSO]  
(including DWR Water Well Standards Bulletin 74-81  
and 74-90, and subsequent revisions)  
[http://www.dpla.water.ca.gov/sd/groundwater/california\\_well\\_standards/  
well\\_standards\\_content.html](http://www.dpla.water.ca.gov/sd/groundwater/california_well_standards/well_standards_content.html)  
California Water Code [WC]

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**ONLY persons who possess an active C-57 Water Well Contractors License may perform well destructions.** [WC Section 13750.5; WSO Section 2.4.3] Well destruction performed as an "incidental part" of a larger job by a contractor not possessing a C-57 license is **not** allowed.

No person shall destroy any well without first applying for and receiving a **Permit** issued by the Fresno County Department of Public Health. [WSO Section 2.1.1] All available well construction data shall be submitted with the application for a well destruction permit.

All well destructions shall be performed according to Part III, Sections 20-23, Bulletin 74-81 and 74-90 [WSO Section 3].

1. A hole shall be excavated around the well casing to a depth of 5 feet below the ground surface and the well casing removed to the bottom of the excavation (a variance to not excavate the casing may be requested for special circumstances).
2. The sealing material used for the upper portion of the well shall be allowed to spill over the casing into the excavation to form a cap.
3. After the well has been properly filled, including sufficient time for the sealing material in the excavation to set, the excavation shall be filled with native soil.
4. A State of California Well Completion Report ("Well Log") shall be submitted to the Fresno County Department of Public Health within 30 days of the completion of any well destruction. [WC Section 13751; WSO Section 7.1].

Materials used for sealing and fill materials are as follows:

1. Impervious Sealing Materials. Approved impervious materials include neat cement, sand-cement grout, concrete, and bentonite clay.
2. Filler Material. These include clay, silt, sand, gravel, crushed stone and clean native soils.



**DEPARTMENT OF PUBLIC HEALTH - ENVIRONMENTAL HEALTH DIVISION**  
**P.O. Box 11867 Zip 93775, 1221 Fulton Street, Fresno, California 93721**  
**Telephone: (559) 600-3357 Fax: (559) 600-7629 Website: www.fcdph.org/water**  
**PERMIT TO CONSTRUCT, DEEPEN, DESTROY, RECONDITION, OR REPAIR A WELL**

**OFFICE USE ONLY**

Application Date \_\_\_\_\_ Estimated Start Date \_\_\_\_\_  
 T \_\_\_\_\_ R \_\_\_\_\_ S \_\_\_\_\_  
 APN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (ex### -### -##)  
 Contractor \_\_\_\_\_  
 License # \_\_\_\_\_  
 Phone \_\_\_\_\_  
 FAX \_\_\_\_\_

Well Permit # \_\_\_\_\_ PE \_\_\_\_\_  
 FA# \_\_\_\_\_ CT \_\_\_\_\_  
 **Corcoran Clay Depth** \_\_\_\_\_ Ft  
 (see Special Corcoran Clay Annular Seal Requirements on attachment)  
 **Well Location in Flood Zone** Zone: \_\_\_\_\_  
 (Extend Casing above known flood level; Flood Elevation Certificate required to be submitted to the Fresno Co. Public Works. Dept. prior to approval of the well electrical permit.)  
 Approved \_\_\_\_\_ Date \_\_\_\_\_ Seal Insp. \_\_\_\_\_ Date \_\_\_\_\_  
 Final Insp. \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Address/Location \_\_\_\_\_ Parcel Size \_\_\_\_\_  
 Owner Name \_\_\_\_\_ Owner Phone \_\_\_\_\_  
 Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Work	Type of Well	Intended Use	Well Construction
<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well <input type="checkbox"/> Reconstruction/Deepening <input type="checkbox"/> Test Hole <input type="checkbox"/> Destruction	<input type="checkbox"/> Casing Driven <input type="checkbox"/> Cable Tool <input type="checkbox"/> Hardrock <input type="checkbox"/> Auger <input type="checkbox"/> Direct Rotary <input type="checkbox"/> Reverse Rotary	<input type="checkbox"/> Domestic Private <input type="checkbox"/> Domestic Public <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial <input type="checkbox"/> Cathodic <input type="checkbox"/> Test Hole <input type="checkbox"/> Monitoring <input type="checkbox"/> Soil-Boring <input type="checkbox"/> Other	Well Casing Material _____ Well Casing Diameter _____ in Well Casing Gauge _____ Conductor Casing Material _____ Conductor Casing Diameter _____ Conductor Casing Depth _____ Ft Annular Seal Depth _____ Ft Borehole Diameter _____ in Gravel Pack <input type="checkbox"/> Yes <input type="checkbox"/> No

**Well Destruction**  
 Type  Gravel Pack  Open Bottom  Uncased  Other \_\_\_\_\_  
 Well Diameter \_\_\_\_\_ In Total Depth \_\_\_\_\_ Ft  
 Depth to Water \_\_\_\_\_ Ft Seal Depth \_\_\_\_\_ Ft  
 Casing Perforated \_\_\_\_\_ Ft to \_\_\_\_\_ Ft  
 Casing cut off \_\_\_\_\_ Ft Below Grade (6ft max allowed)  
 Oil lubricated pump (**Any oil in the well shall be removed and properly disposed of prior to destruction**)

**Sealing Material/Seal Placement Method**  
 Neat Cement  11 Sack Sand Cement  Concrete  
 Bentonite Chips – Product Name \_\_\_\_\_  
 Pumped  Free Fall (**allowed only when the interval to be sealed is dry and less than 30 Ft depth**)

**Setbacks**  All setbacks exceed 300 Feet  Other Wells \_\_\_\_\_ Ft  
 Leach Lines \_\_\_\_\_ Ft  Septic Tank \_\_\_\_\_ Ft  Cesspool \_\_\_\_\_ Ft  Seepage Pits \_\_\_\_\_ Ft  
 Sewer Lines \_\_\_\_\_ Ft  Animal/Fowl Enclosure \_\_\_\_\_ Ft  Designated Sewage Replacement Area \_\_\_\_\_ Ft  
 Flood Control Basins \_\_\_\_\_ Ft  Waste Water Disposal Ponds \_\_\_\_\_ Ft  Lakes/Streams \_\_\_\_\_ Ft

**FEE**  \$656 (Domestic/Agricultural/ Cathodic/Test Hole PE4650, Public/Industrial PE4652 )  \$441 (Well Destruction PE4651)  
 **No Charge** (Monitoring Well/Soil Boring PE4653)  
 PAYMENT METHOD  Cash  Check  Credit Card (Online Payment Receipt Attached)

I hereby certify that the information described herein is correct. I understand that all work is to be done in accordance with the California Well Standards Ordinance and the conditions of this permit application, including any conditions which are added by the Environmental Health Division upon review of this application and issuance of the permit. I certify that I have a current C-57 Contractor's License and, if I employ workers, a current certificate of Workers' Compensation Insurance. I further understand that any permit issued pursuant to this application is subject to such further conditions as may be deemed necessary to ensure compliance with the Ordinance. **Note: This permit is non-transferable and is valid for 180 days.**

**CONTRACTOR SIGNATURE:**  
 \_\_\_\_\_  
**DATE:**  
 \_\_\_\_\_  
**OFFICE USE ONLY - ENVISION CLERICAL:**  
 Account# \_\_\_\_\_ Invoice# \_\_\_\_\_  
 Entered By \_\_\_\_\_ Date \_\_\_\_\_  
**SPECIAL REQUIREMENTS:** \_\_\_\_\_ Faxed by \_\_\_\_\_

