



TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY

Environmental Health Services

5957 S. Mooney Blvd. Visalia, CA 93277
(559)624-7400 – www.tularecountyeh.org

WELL DRILLER REGISTRATION & CERTIFICATION STATEMENT

Company Name: _____

Office Telephone: _____ Cellphone: _____

Email Address: _____

Mailing Address: _____
Street City, State Zip

Owner: _____ Driller: _____

C-57 License: _____ Expiration Date: _____

Insurance Coverage by: _____

Policy Expiration Date: _____ Worker's Compensation? Yes No

Drilling Methods: Cable Tool Rotary Reverse Rotary
 Other _____

Does your company destroy wells? Yes No

Do you disinfect wells that have bacteriological issues? Yes No

Does your company install, repair or service pump equipment? Yes No

Other services provided: _____

I hereby certify, as the authorized representative of the above company, that this license and insurance coverage is valid. I will apply and receive the required well permits prior to work performed in Tulare County. The insurance coverage and license will be maintained in full effect and good standing during the course of all work conducted.

Printed Name Signature Date

Please attach a current copy of the contractor's license, insurance coverage and Worker's Compensation (if applicable). This information will be kept on file within the Environmental Health office.