



**COUNTY OF FRESNO
DEPARTMENT OF PUBLIC WORKS AND PLANNING
WATER & NATURAL RESOURCES DIVISION**

**WATER REQUIREMENTS FOR ISSUANCE OF
BUILDING PERMITS IN WATER SHORT AREAS**

In water short areas (see attached map), building permits, or permits granting mobile home occupancy, shall only be issued upon submittal of evidence that adequate water is available and can be served to the property upon which construction is proposed.

For properties served by a community water system, evidence shall consist of written confirmation by the system operator that water is available and will be served to the property.

For properties to be served by private well, evidence shall consist of a sustainable minimum well yield determined through the well test procedure described below. If shared use of a private well is proposed, the prescribed test procedure shall be the procedure described in Section II.(h).7 of the Fresno County Improvement Standards.

WELL TEST PROCEDURE

To meet County requirements for demonstrating a sustainable minimum water well yield for building permit purposes, the following criteria shall be met:

1. The well yield test shall be completed by one of the following professionals: California Certified Engineering Geologist, California Certified Hydrogeologist, California Registered Civil Engineer experienced in conducting hydrogeologic investigations, California Licensed Water Well Drilling Contractor (C57), or California Licensed Water Well Pump Contractor (C61/D21).
2. The well shall be pumped for a minimum of four (4) and a maximum of 48 hours. Test duration is dependent upon the well yield and the time of year in which the test is conducted.
3. The person who will supervise and certify the well yield test shall notify the Water & Natural Resources Division **at least 48 hours prior to the initiation of the test**. The Water & Natural Resources Division representative may inspect a well yield test in progress at any time to observe testing methods and results.
4. For tests conducted in September and October, the well shall have a minimum end of test discharge rate of 5 gallons per minute without storage or 1 gallon per minute with 2,000 gallons of storage (storage is in addition to applicable fire regulation requirements). The minimum volume of water that shall be pumped is 2,880 gallons.
5. For tests conducted during the period of January through May, the well shall have a minimum end of test discharge rate of 10 gallons per minute without storage or 2 gallons per minute with 2,000 gallons of storage (storage is in addition to applicable fire regulation requirements). The minimum volume of water that shall be pumped is 5,760 gallons.

6. For tests conducted at all other times of the year, the well shall have a minimum end of test discharge rate of 6.7 gallons per minute without storage or 1.4 gallons per minute with 2,000 gallons of storage (storage is in addition to applicable fire regulation requirements). The minimum volume of water that shall be pumped is 4,032 gallons.
7. Water must be piped a sufficient distance and to a location that precludes recharge to the well being tested (a minimum of 100 feet). Pump discharge shall be performed and directed in such a manner as to prevent damage to channels and/or property downstream. The property owner for whom the test is being performed shall be liable for any and all damages resulting from the test.
8. Following pump shutoff at the end of the test, the water level in the well shall return to 90% of the pre-test static water level within the same time duration as the pump test but not to exceed 24 hours. If the well does not recover within the specified time, a second test may be conducted within seven (7) days. After the second well test, the water level shall recover to 100% of the recovered water level measured in the first test.
9. Wells near streams or otherwise potentially impacted by shallow water may only be tested in September or October. If the nearby stream or shallow water source is a watercourse or ephemeral stream (stream that runs for only a short period during the year), the watercourse or stream shall be dry.
10. Tests are valid for one (1) year following date of completion.

APPEAL

An appeal of the above requirements may be made to the Building Official, or other designated County representative. The appeal shall only be granted upon a finding of special circumstances, which may include pre-existing pumping systems installed prior to the effective date of this ordinance, domestic systems serving replacement construction of existing residences for purposes of home upgrade or reconstruction following extensive damage following fire, flood, or natural disaster.

SOUNDING TUBE

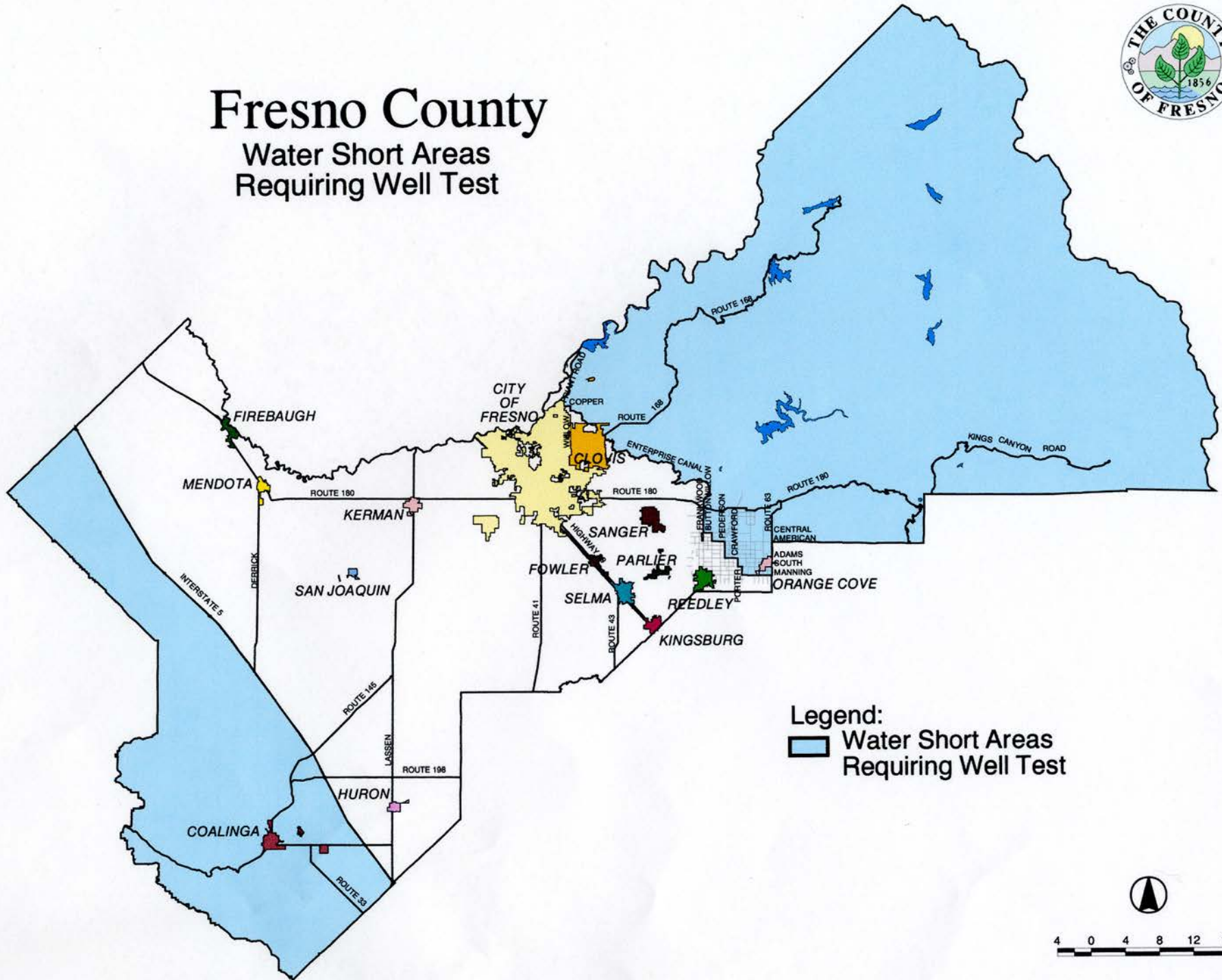
All new water systems shall incorporate a sounding tube of a size and material acceptable to the Building Official.

**Department of Public Works and Planning
Water & Natural Resources Division
2220 Tulare Street, 6th Floor
Fresno, California 93721
(559) 600-4078**

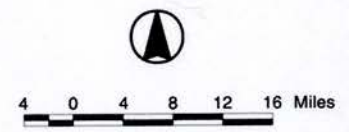


Fresno County

Water Short Areas Requiring Well Test

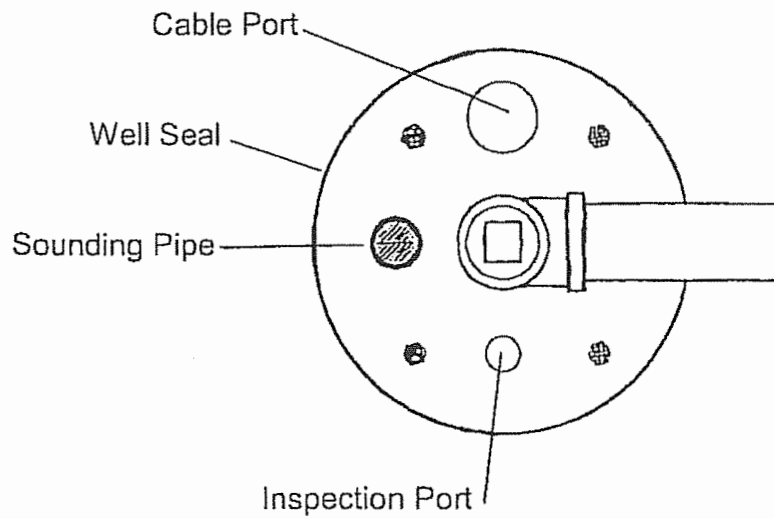
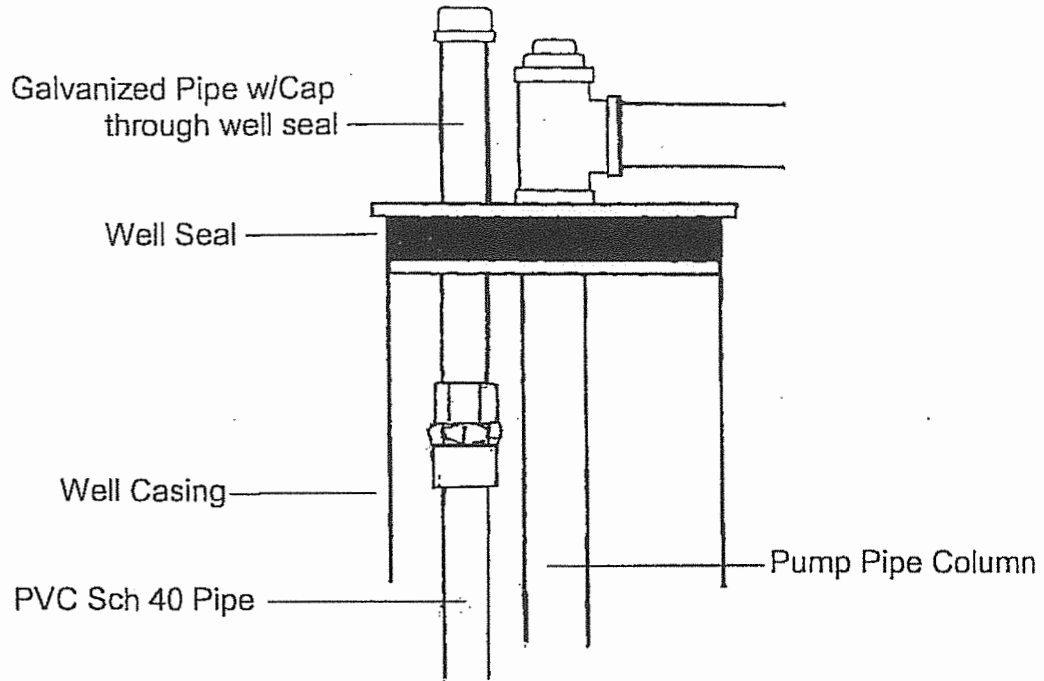


Legend:
Water Short Areas
Requiring Well Test



3/4" SOUNDING TUBE

Well Head Assembly



WATER WELL TEST COMPANIES

AUBERRY

Auberry Builders Supply
(559) 855-2202

CAMARILLO

DCA Drilling
(805) 492-2926

CLOVIS

A&S Pump Service
(559) 322-5838

Triple J Pumps
(559) 288-0957

DEL REY

Bradley & Sons, Inc.
(559) 441-1401

DINUBA

Alta Pump Company
(559) 591-7669

FRESNO

Asbury Well & Pump Service
(559) 288-7964

B&B Pump Service
(559) 875-6078

Condit & Quirk
(559) 222-5424

NAFFCO Pump & Well
(559) 441-1851

Zim Industries
(559) 834-1551

KERMAN

CR Well Drilling
(559) 846-5531

OAKHURST

Mark Wallo
(559) 760-6626

Walt Bannon Drilling, Inc.
(559) 683-5670

PRATHER

Beckham Pump Service
(559) 325-7374

RAYMOND

Wellco Pump Company
(559) 689-3243

REEDLEY

Johnson Drilling Company
(559) 787-2888

SANGER

Kings River Drilling
(559) 875-6699

McGowan Pump
(559) 787-2700

Pistachio Pump Company
(559) 875-4528

Rasmussen Pump Company
(559) 875-5217

Scott Water Well Service
(559) 292-5177

Tezak Pump Company
(559) 875-5245

SHAFTER

Farm Pump & Irrigation
(661) 589-6901

SQUAW VALLEY

Dan's Pump Service
(559) 338-2631

S & S Water Services, Inc.
(559) 246-7513

Sherfield Construction
(559) 338-2377

Sierra Mountain Pump, Inc.
(559) 332-2881

Nerison Pump Service
(559) 338-3300

VACAVILLE

LGS Drilling
(530) 681-2012



County of Fresno

DEPARTMENT OF PUBLIC WORKS AND PLANNING
STEVEN E. WHITE
DIRECTOR

DATA REQUIREMENTS WELL YIELD TESTS FOR ISSUANCE OF BUILDING PERMITS IN WATER SHORT AREAS

Fresno County Water Test Certification Form F-372 requires flow and water level measurement data sheet attachments. Required measurement schedules for these sheets are as follows:

1. Pre-Test Measurement

Measure and record the static water level in the well. The well must not be pumped for at least 24 hours prior to the measurement of the static water level. Record the time and date of last pumping (if applicable), and the time and date of the measurement.

2. Flow Rate and Cumulative Yield

Start of test to 60 minutes	every 5 minutes
60 minutes to 120 minutes	every 15 minutes
120 minutes to 240 minutes	every 30 minutes
240 minutes to 8 hours	every 1 hour
8 hours until end of test	every 8 hours
Final 2 hours of test	every 15 minutes

3. Pumping Water Level

Start of test to 60 minutes	every 5 minutes
60 minutes to 120 minutes	every 15 minutes
120 minutes to 240 minutes	every 30 minutes
240 minutes to 8 hours	every 1 hour
8 hours until end of test (Not to exceed 48 hours)	every 8 hours

4. Post Pumping Water Level

End of test to 60 minutes	every 5 minutes
60 minutes to 120 minutes	every 15 minutes
120 minutes to 240 minutes	every 30 minutes
240 minutes to 8 hours	every 1 hour
8 hours until end of test (Not to exceed 24 hours)	every 8 hours

G:\4360WaterNaturalResources\Well Yeild Test Certification\Forms&List\DataRequirements F402.doc

WATER & NATURAL RESOURCES DIVISION

2220 Tulare Street, Sixth Floor / Fresno, California 93721 / Phone (559) 600-4078 / FAX (559) 600-4691
The County of Fresno is an Equal Opportunity Employer

SEASONAL ADJUSTMENT CRITERIA

The **Allowable Well Yield** shall be calculated by multiplying well pump test results by a percentage seasonal adjustment as follows:

<u>Test Period</u>	<u>Percentage Multiplier</u>	<u>Minimum gallons per minute</u>
Jan 1 st – May 30 th	50% (.50)	2.0 (2.0 gpm X 0.5 = 1 gpm)
Jun 1 st – Aug 31 st	75 % (0.75)	1.4 (1.4 gpm X 0.75 = 1 gpm)
Sept 1 st – Oct 31 st	100% (1.00)	1.0 (1.0 gpm X 1.0 = 1 gpm)
Nov 1 st – Dec 31 st	75% (0.75)	1.4 (1.4 gpm X 0.75 = 1 gpm)

The well must be pumped for a minimum of 4 hours, with the **Minimum Total Water Volume** to be removed from the well within a maximum of 48 hours:

Jan 1 st – May 31 st	5,760 gallons (2.0 gpm X 2880 min)
Jun 1 st – Aug 31 st	4,032 gallons (1.4 gpm X 2880 min)
Sept 1 st – Oct 31 st	2,880 gallons (1.0 gpm X 2880 min)
Nov 1 st – Dec 31 st	4,032 gallons (1.4 gpm X 2880 min)

**FRESNO COUNTY
NOTIFICATION OF RESIDENTIAL WELL YIELD TEST**

Please complete form and send by fax, email, or regular mail to the following:

County of Fresno
Department of Public Works and Planning
Water & Natural Resources
2220 Tulare Street, 6th Floor
Fresno, California 93721
Attention: Glenn Allen

FAX: (559) 455-4691 ■ Email: waterandnaturalresources@fresnocountyca.gov

Properly completed form MUST BE RECEIVED BY THE BUILDING OFFICIAL **A MINIMUM OF 48 HOURS**
BEFORE beginning the test.

WELL OWNER

Name: _____

Address: _____

WELL LOCATION

Address: _____

City: _____

New Parcel

APN: _____

Company: _____

Address: _____

License No: _____ Phone No: _____

Test is Scheduled to begin on ____ / ____ / ____ at _____ AM / PM

I have read and understand Fresno County prescribed testing protocol and acknowledge I am responsible
for gathering, recording, and submitting all data for this test.

By: _____

Title _____

Print Name: _____



Fresno County Department of Public Works and Planning

Date Received:	(Application No.)
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MAILING ADDRESS:
 Department of Public Works and Planning
 Development Services Division
 2220 Tulare St., 6th Floor
 Fresno, Ca. 93721

LOCATION:
 Southwest corner of Tulare & "M" Streets, Suite A
 Street Level
 Fresno Phone: (559) 600-4497
 Toll Free: 1-800-742-1011 Ext. 0-4497

APPLICATION FOR:

- Pre-Application (Type) _____
- Amendment Application Director Review and Approval
- Amendment to Text for 2nd Residence
- Conditional Use Permit Determination of Merger
- Variance (Class)/Minor Variance Agreements
- Site Plan Review/Occupancy Permit ALCC/RLCC
- No Shoot/Dog Leash Law Boundary Other WELL YEILD TEST
- General Plan Amendment/Specific Plan/SP Amendment)
- Time Extension for _____

DESCRIPTION OF PROPOSED USE OR REQUEST:

WELL YIELD TEST CERTIFICATION

CEQA DOCUMENTATION: Initial Study PER N/A

PLEASE USE FILL-IN FORM OR PRINT IN BLACK INK. Answer all questions completely. Attach required site plans, forms, statements, and deeds as specified on the Pre-Application Review. **Attach Copy of Deed, including Legal Description.**

LOCATION OF PROPERTY: _____ side of _____
 between _____ and _____
 Street address: _____

APN: _____ Parcel size: _____ Section(s)-Twp/Rg: S ____ - T ____ S/R ____ E

ADDITIONAL APN(s): _____

I, _____ (*signature*), declare that I am the owner, or authorized representative of the owner, of the above described property and that the application and attached documents are in all respects true and correct to the best of my knowledge. The foregoing declaration is made under penalty of perjury.

Owner (Print or Type)	Address	City	Zip	Phone
Applicant (Print or Type)	Address	City	Zip	Phone
Representative (Print or Type)	Address	City	Zip	Phone

CONTACT EMAIL:

OFFICE USE ONLY (PRINT FORM ON GREEN PAPER)

Application Type / No.: WELL TEST	Fee: \$ 212.00
Application Type / No.:	Fee: \$
Application Type / No.:	Fee: \$
Application Type / No.:	Fee: \$
PER/Initial Study No.:	Fee: \$
Ag Department Review:	Fee: \$
Health Department Review:	Fee: \$
Received By: _____ Invoice No.:	TOTAL: \$

UTILITIES AVAILABLE:

WATER: Yes / No
 Agency: _____

SEWER: Yes / No
 Agency: _____

STAFF DETERMINATION: This permit is sought under Ordinance Section:

Sect-Twp/Rg: ____ - T ____ S /R ____ E

Related Application(s): _____

APN # ____ - ____ - ____

Zone District: _____

APN # ____ - ____ - ____

Parcel Size: _____

APN # ____ - ____ - ____

APN # ____ - ____ - ____



**COUNTY OF FRESNO
DEPARTMENT OF PUBLIC WORKS AND PLANNING
DEVELOPMENT SERVICES DIVISION
WATER TEST CERTIFICATION FORM**

WELL OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

WELL LOCATION

Address: _____

City: _____

APN: _____ GPS: _____

WELL INFORMATION

Completion Report No: _____ Attached N/A Completion Date: _____ N/A
Depth: _____ N/A Airlift Yield: _____ N/A

Anticipated Service Connections: Single Dwelling Main and secondary dwelling

TEST EQUIPMENT INFORMATION

Test Pump Model & HP: _____ Permanent Pump Test Pump
Pump Setting: _____ Sounding Tube Size & Depth: _____ Discharge Piping: _____ Feet from Well Head
Flow Meter Model: _____ Flow Meter Serial No: _____

TEST SUMMARY

Test Number _____ Original Test Repeat Test

Date & Time Building Official Notified: _____ Via Fax Email Mail

Date & Time of Last Pumping Prior to Test: _____

Date & Time Static Water Level Measured: _____ Depth: _____

Date & Time Pumping Began: _____ Date & Time Pumping Ended: _____

Total Pumping Time: _____ Hours / Minutes

Total Volume Pumped: _____ Gallons

Final Discharge Rate: _____ GPM over last 60 minutes of test

Allowable Yield: _____ (Final Discharge Rate X Seasonal Factor)

SWL: _____ after _____ Hours / Minutes (must not exceed pumping time or 24 hours, whichever is less)

Did SWL return to within prescribed level within allotted time? Yes No (if No, well fails test)

Required Attachments Included: Pumping Data Sheet Recovery Data Sheet

CERTIFICATION STATEMENT

I, the undersigned, state that this report is complete and accurate to the best of my knowledge and belief.

Company Name: _____ License: _____

By: _____ Phone: _____

Sign: _____ Date: _____

Fresno County Office Use Only

Approved By: _____

Certified Yield*: _____ GPM

Date: _____

Minimum 2,000 Gallon Storage: Required _____ Not Required _____

Form F-372 (Rev 07/10)

**FRESNO COUNTY
WELL YIELD WATER LEVEL RECOVERY DATA SHEET**

COMPANY: _____

ADDRESS: _____

LICENSE NO: _____ PHONE NO: _____

REPORT NUMBER: _____ DATE: _____

WELL OWNER: _____

WELL LOCATION: _____ APN: _____

TOTAL PUMPING TIME: _____ HOURS / MINUTES

DATE AND TIME OF STATIC WATER LEVEL: _____ / _____ AM/PM

STATIC WATER LEVEL: _____ WATER LEVEL AT END OF PUMPING: _____

TOTAL DRAW DOWN: _____ 90% OF TOTAL DRAW DOWN: _____

REQUIRED STATIC WATER LEVEL AFTER PRESCRIBED OFF TIME: _____

TIME	CUMULATIVE TIME	DEPTH TO WATER	CHANGE

TIME	CUMULATIVE TIME	DEPTH TO WATER	CHANGE

COMMENTS: _____

