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.
3/4" SOUNDOING TUBE

Well Head Assembly

Galvanized Pipe w/Cap through well seal

Well Seal

Well Casing

PVC Sch 40 Pipe

Pump Pipe Column

Cable Port

Well Seal

Sounding Pipe

Inspection Port
# 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

## FRENSO
- 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
- 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

## 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
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   every 8 hours
   (Not to exceed 48 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   every 8 hours
   (Not to exceed 24 hours)
**SEASONAL ADJUSTMENT CRITERIA**

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

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

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:

<table>
<thead>
<tr>
<th>Period</th>
<th>Volume</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1st – May 31st</td>
<td>5,760 gallons</td>
<td>2.0 gpm X 2880 min</td>
</tr>
<tr>
<td>Jun 1st – Aug 31st</td>
<td>4,032 gallons</td>
<td>1.4 gpm X 2880 min</td>
</tr>
<tr>
<td>Sept 1st – Oct 31st</td>
<td>2,880 gallons</td>
<td>1.0 gpm X 2880 min</td>
</tr>
<tr>
<td>Nov 1st – Dec 31st</td>
<td>4,032 gallons</td>
<td>1.4 gpm X 2880 min</td>
</tr>
</tbody>
</table>
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: ___________________________
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 YIELD TEST
☐ General Plan Amendment/Specific Plan/SP Amendment
☐ Time Extension for

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: $

STAFF DETERMINATION: This permit is sought under Ordinance Section: Sect-Twp/Rg: ____ - T ____ S /R ____ E

APN # ___ - ___ - ___
APN # ___ - ___ - ___
APN # ___ - ___ - ___
APN # ___ - ___ - ___

UTILITIES AVAILABLE:

WATER: Yes ☐/ No ☐
Agency: __________________________

SEWER: Yes ☐/ No ☐
Agency: __________________________
CERTIFIED YIELD MAY NOT BE INDICATIVE OF THE WELL'S LONG TERM YIELD

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 PUMPING TEST DATA SHEET

COMPANY: ________________________________
ADDRESS: ________________________________
LICENSE NO: __________________ PHONE NO: __________________

REPORT NUMBER: __________________ DATE: __________________

WELL OWNER: ________________________________
WELL LOCATION: __________________ APN: __________________

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<th>TIME</th>
<th>CUMULATIVE TIME</th>
<th>DEPTH</th>
<th>CHANGE</th>
<th>METER</th>
<th>GALLONS (period)</th>
<th>GALLONS (total)</th>
<th>FLOW/GPM</th>
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COMMENTS: __________________________________________
_____________________________________________________
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SHEET _____ OF _____

Inspectors Initials: _______
FRESNO COUNTY
WELL YIELD WATER LEVEL RECOVERY DATA SHEET

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: _______________________

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COMMENTS:  __________________________________________________________

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SHEET _____ OF _____  Inspectors Initials: ________