

ENVIRONMENTAL HEALTH DIVISION

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Overdrafted Basin Supplemental Well Application

FOR OFFICE USE ONLY Corcoran Clay: Yes No WP _____

Assessor's Parcel Number: _____ Township/Range/Section: _____

GPS Coordinates: Lat _____ Long _____ Well Elevation (ft): _____

Water District/GSA: _____ Est Cumulative Extraction Volume (ac ft) by 12/31/21: _____

Irrigation Livestock Domestic Municipal Industrial Other _____

PROPOSED WELL DESIGN INFORMATION	
Proposed Well Depth (ft):	
Proposed Well Capacity (gal):	
Estimated Pumping Rate (gal/day):	
Proposed Pumping Schedule:	
Est Annual Extraction Volume (ac ft):	

GEOLOGIC SITING INFORMATION PROPOSED WELL	
Water Table Depth (ft):	
Seasonal Fluctuations in Water Table:	
Recharge Area (Yes/No):	
Recharge Rate (if known):	
Area to be served by well (in acres):	

EXISTING ON SITE WELL INFORMATION	Well 1	Well 2	Well 3
Type/Use of Well:			
Depth (ft):			
Diameter (in):			
Screen Interval (ft):			
Pumping Rate (gal/day):			
Est. or Annual Extraction Volume (ac ft):			
Capacity or Pump Test (gal) (if available):			

In addition to the above information, the following information **must be shown** on a detailed site map and include actual measurements (to scale not necessary). If in the Corcoran Clay, you may include 2 maps to satisfy the requirements below.

- Distance to potential sources of pollution, including but not limited to, septic systems, sewer lines, wells (all types), animal/fowl enclosures, or transmission lines; either existing or proposed.
- Distance from lakes, ponds, streams within 300 ft of proposed well
- If in Corcoran Clay, location of canals, ditches, pipelines, utility corridors, and roads within 2 miles.

Submitted By _____ Title _____ Date _____