

Community and Economic Development Environmental Health Division

Dexter Marr, Deputy Director

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WATER FLOW METER AND WATER LEVEL MEASURING DEVICE PERMIT APPLICATION

(The property owner is subject to comply with Madera County Codes 13.28 and 13.101)

Property Owner's Information: Assessor's Parcel Number (APN):				
Owner Name: Phone Number:				
Owner's Mailing Address:				
Job Address:				
WELL TYPE: NEW REPLACEMENT OTHER:				
PUMP TYPE: SUBMERSIBLE TURBINE OTHER:				
WELL SOUNDING TUBE/TAPHOLE: SOUNDING TUBE TAPHOLE				
METER INFORMATION FOR WELL USE:				
RESIDENTIAL	AGRICULTURAL		OTHER	
Meter Type/Size:	Meter Type/Size:		Meter Type,	/Size:
Manufacturer/Model Number:	Manufacturer/Model Number:		Manufacturer/Model Number:	
MCBD Final Inspection Initials/Date:	MCBD Final Inspection Initials/Date:		MCBD Final Inspection Initials/Date:	
ELECTRICAL CONNECTION REQUIRED: YES NO				
*If box marked yes above then you must obtain an Electrical Permit through the Madera County Building Division (MCBD)				
I declare under penalty of perjury under the laws of the State of California that the foregoing and attached information and forms are true and correct. I understand that all work is to be done in accordance with the State of California Well Standards and the Madera County Ordinance including any conditions of this permit application or permit issuance. 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.				
Printed Name (OWNER)		Signature (OWNER)		Date
FOR ENVIRONMENTAL HEA	LTH USE	<u>ONLY</u>		
Inspector's Printed Name				
Inspector's Approval Signature		Paid: \$ _	Check	x#:
	Permit #			

APPROVED BY

REVISIONS

SOUNDING TUBE/PORT

INSTALLATION

Drawing No.

W-7H