



County of Fresno

DEPARTMENT OF PUBLIC WORKS AND PLANNING
STEVEN E. WHITE, DIRECTOR

DATE: September 12, 2024

TO: Department of Public Works and Planning, Attn: Steven E. White, Director
Department of Public Works and Planning, Attn: Bernard Jimenez,
Planning and Resource Management Officer
Development Services and Capital Projects, Attn: William M. Kettler,
Deputy Director Planning
Development Services and Capital Projects, Attn: Chris Motta, Division Manager
Development Services and Capital Projects, Attn: Tawanda Mtunga,
Principal Planner
Development Services and Capital Projects, Attn: James Anders,
Principal Planner
Development Services and Capital Projects, Current Planning, Attn: David Randall,
Senior Planner
Development Services and Capital Projects, Policy Planning, Attn:
Mohammad Khorsand, Senior Planner; Dominique Navarrette, Planner
Development Services and Capital Projects, Zoning & Permit Review,
Attn: Daniel Gutierrez, Senior Planner
Development Services and Capital Projects, Development Engineering,
Attn: Laurie Kennedy, Office Assistant III
Water and Natural Resources Division, Attn: Augustine Ramirez, Division
Manager; Roy Jimenez
Water and Natural Resources Division, Transportation Planning, Attn:
Hector Luna, Senior Planner/Brody Hines, Planner
Road Maintenance and Operations Division, Attn: Wendy Nakagawa,
Supervising Engineer
Department of Public Health, Environmental Health Division, Attn: Deep
Sidhu, Supervising Environmental Health Specialist; Kevin Tsuda,
Environmental Health Specialist
Central Valley Regional Water Quality Control Board; Attn:
centralvalleyfresno@waterboards.ca.gov
California Department of Fish and Wildlife, Attn: R4CEQA@wildlife.ca.gov
Fresno County Fire District, Attn: fkp.prevention-planning@fire.ca.gov
Dumna Wo Wah Tribal Government, Attn: Robert Ledger, Tribal Chairman/Eric
Smith, Cultural Resources Manager/Chris Acree, Cultural Resources Analyst
Picayune Rancheria of the Chukchansi Indians, Attn: Heather Airey/Cultural
Resources Director
Santa Rosa Rancheria Tachi Yokut Tribe, Attn: Ruben Barrios, Tribal Chairman,
Director/Shana Powers, Cultural Director
Table Mountain Rancheria, Attn: Robert Pennell, Cultural Resources Director

FROM: Alexander Pretzer, Planner
Development Services and Capital Projects Division

SUBJECT: Director Review and Approval No. 4783

APPLICANT: David Hurst

DUE DATE: **September 27, 2024**

The Department of Public Works and Planning, Development Services and Capital Projects Division is reviewing the subject application proposing to allow a second residence on a 1.21-acre parcel located within the AL-20 (Limited Agricultural, 20-acre minimum parcel size) Zone District. Second residence not to exceed 2,000 square feet of living area. Owner of record to occupy one of the homes on-site.

The subject parcel is located on the west side of N. De Wolf Ave and south of E. Alluvial Ave., approximately one-half mile from the City of Clovis. (APN: 565-041-19) (ADDRESS: 7377 N De Wolf Ave.) (Sup. Dist. 5).

Based upon this review, a determination will be made regarding conditions to be imposed on the project, including necessary on-site and off-site improvements.

We must have your comments by **September 27, 2024**. Any comments received after this date may not be used.

If you do not have comments, please provide a “NO COMMENT” response to our office by the above deadline (e-mail is also acceptable; see email address below).

Please address any correspondence or questions related to environmental and/or policy/design issues to me, Alexander Pretzer, Planner, Development Services and Capital Projects Division, Fresno County Department of Public Works and Planning, 2220 Tulare Street, Sixth Floor, Fresno, CA 93721, or call (559) 600-4205, or email apretzer@fresnocountyca.gov.

AP

G:\4360Devs&Pln\PROJSEC\PROJDOCS\DRA\4700-4799\4783 (Hurst)\Routing\DRA 4783 Routing Ltr.doc

Activity Code (Internal Review): 2392

Enclosures



Email
TIM@KERMANMOBILEHOMES.COM

Pre-Application Review

and
Mail To:
14754 WHITESBRIDGE AVE
KERMAN, CA 93630

Department of Public Works and Planning

NUMBER: _____
APPLICANT: _____
PHONE: _____

PROPERTY LOCATION: _____
APN(s): _____ ALCC: No ___ Yes # _____ VIOLATION NO. _____
CNEL: No ___ Yes ___ (level) LOW WATER: No ___ Yes ___ WITHIN 1/2 MILE OF CITY: No ___ Yes: _____
ZONE DISTRICT: _____; SRA: No ___ Yes ___ HOMESITE DECLARATION REQ'D.: No ___ Yes ___
LOT STATUS:
Zoning: () Conforms; () Legal Non-Conforming lot; () Deed Review Req'd (see Form #236)
Merger: May be subject to merger: No ___ Yes ___ ZM# _____ Initiated _____ In process _____
Map Act: () Lot of Rec. Map; () On '72 rolls; () Other _____; () Deeds Req'd (see Form #236)
SCHOOL FEES: No ___ Yes ___ DISTRICT: _____ PERMIT JACKET: No ___ Yes ___
FMFCD FEE AREA: ___ () Inside / () Outside District No.: _____ FLOOD PRONE: No ___ Yes ___
PROPOSAL _____

COMMENTS: _____
ORD. SECTION(S): _____ BY: _____ DATE: _____

GENERAL PLAN POLICIES:
LAND USE DESIGNATION: _____ () GPA: _____ () MINOR VA: _____
COMMUNITY PLAN: _____ () AA: _____ () HD: _____
REGIONAL PLAN: _____ () CUP: _____ () AG COMM: _____
SPECIFIC PLAN: _____ () DRA: _____ () ALCC: _____
SPECIAL POLICIES: _____ () VA: _____ () IS/PER*: _____
SPHERE OF INFLUENCE: _____ () AT: _____ () Viol. (35%): _____
ANNEX REFERRAL (LU-G17/MOU): _____ () TT: _____ () Other: _____
() PLA: _____ Filing Fee: \$ _____
PROCEDURES AND FEES:
COMMENTS: _____ () TPM: _____ Pre-Application Fee: - \$254.41
_____ () TPMW: _____ Total County Filing Fee: _____

FILING REQUIREMENTS:
() Land Use Applications and Fees
() This Pre-Application Review form
() Copy of Deed / Legal Description
() Photographs
() Letter Verifying Deed Review
() IS Application and Fees* * Upon review of project materials, an Initial Study (IS) with fees may be required.
() Site Plans - One (1) Copy (folded to 8.5"X11") *PDF COPY PREFERRED
() Floor Plan & Elevations - 4 copies (folded to 8.5"X11") + 1 - 8.5"x11" reduction
() Project Description / Operational Statement (Typed)
() Statement of Variance Findings
() Statement of Intended Use (ALCC)
() Dependency Relationship Statement
() Resolution/Letter of Release from City of _____
() Nitrogen Loading Analysis or RWQCB supplemental treatment

OTHER FILING FEES:
() Archaeological Inventory Fee: \$75 at time of filing
() CA Dept. of Fish & Wildlife (CDFW): (\$50+\$2,916.75)
() (Separate check to Southern San Joaquin Valley Info. Center)
() (Separate check to Fresno County Clerk for pass-thru to CDFW. Must be paid prior to IS closure and prior to setting hearing date.)

BY: _____ DATE: _____
PHONE NUMBER: (559) _____ - _____

NOTE: THE FOLLOWING REQUIREMENTS MAY ALSO APPLY:
() COVENANT () SITE PLAN REVIEW
() MAP CERTIFICATE () BUILDING PLANS
() PARCEL MAP () BUILDING PERMITS
() FINAL MAP () WASTE FACILITIES PERMIT
() FMFCD FEES () SCHOOL FEES
() ALUC or ALCC () OTHER (see reverse side)

PLU # 113 Fee: **\$247.00**
Note: This fee will apply to the application fee if the application is submitted within six (6) months of the date on this receipt.

OVER.....



Fresno County Department of Public Works and Planning

Date Received:

(Application No.)

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

DESCRIPTION OF PROPOSED USE OR REQUEST:

Handwritten: 2314 Y 52, 1200 FT

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: 585-041-19 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.

Owner (Print or Type) Address City Zip Phone Bean 7377 N. De Wolf Ave, Clovis CA 93619 978-8216

Applicant (Print or Type) Address City Zip Phone Kernan Mobile Homes 14754 W. Whitebridge Rd Kernan, WA 98630

Representative (Print or Type) Address City Zip Phone 14754 W. Whitebridge Rd. Kernan, CA 95630 846-9373

CONTACT EMAIL:

OFFICE USE ONLY (PRINT FORM ON GREEN PAPER)

Application Type / No.: Fee: \$
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
STEVEN E. WHITE, DIRECTOR

AGENT AUTHORIZATION

AUTHORIZATION OF AGENT TO ACT ON BEHALF OF PROPERTY OWNER

The Agent Authorization form is required whenever a property owner grants authority to an individual to submit and/or pursue a land use entitlement application on their behalf. This form must be completed by the property owner and submitted with the land use entitlement application to confirm that the property owner has granted authority to a representative to sign application forms on their behalf and represent them in matters related to a land use entitlement application.

The below named person is hereby authorized to act on my behalf as agent in matters related to land use entitlement applications associated with the property listed below.

Jim Gonzalez
Agent Name (Print or Type)

Koerman Mobile Homes
Company Name (Print or Type)

14754 W. Whit. Bridge Rd
Mailing Address

Koerman, CA 93630
City / State / Zip Code

(559) 846-9373
Phone Number

Jim@Koermanmobilehomes.ca
Email Address

565-041-19
Project APN

N De Wolf Ave
Project Street Address

A list consisting of ___ additional properties is attached (include the APN for each property).

Project Description (Print or Type):

INSTALL A SECOND RES. A NEW MANUFACTUR HOME
26'8x56' 3/2 1494 SQ FT.

The undersigned declares under penalty of perjury that they own, possess, control or manage the property referenced in this authorization and that they have the authority to designate an agent to act on behalf of all the owners of said property. The undersigned acknowledges delegation of authority to the designated agent and retains full responsibility for any and all actions this agent makes on behalf of the owner.

Linda E. Hurst
Owner Signature

8-27-24
Date

Linda E Hurst
Owner Name (Print or Type)

559-978-8216
Phone Number

elovischildcare@yahoo.com
Email Address

** If the legal owner of the property is a corporation, company, partnership or LLC, provide a copy of a legal document with this authorization form showing that the individual signing this authorization form is a duly authorized partner, officer or owner of said corporation, company, partnership or LLC.*

Order No. 9929889
Escrow No. 9929889-LT
Loan No.

RECORDED AT THE REQUEST OF
FIRST AMERICAN TITLE INSURANCE CO

WHEN RECORDED MAIL TO:

MR. AND MRS. MICHAEL HURST

456 Laverne Avenue
Clovis, CA 93612



Fresno County Recorder
William C. Greenwood
DOC- 1999-0062809

Root B-First American Title Insurance Company
Friday, APR 23, 1999 15:08:30
TCF \$0.00 MOD \$1.00 NYC \$1.00
DRF \$0.00 TTU \$170.00
Ttl Pd \$177.00 Nbr-0000100401
djg/RS/1-1

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

u/t

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DOCUMENTARY TRANSFER TAX \$ 170.50

Computed on the consideration or value of property conveyed; OR
Computed on the consideration or value less liens or encumbrances
remaining at time of sale.

The Undersigned
Signature of Declarant or Agent determining tax - Firm Name

APN: 565-041-19

GRANT DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
RONNIE D. DUNN AND SHARON L. DUNN, HUSBAND AND WIFE

hereby GRANT(S) to MICHAEL DAVID HURST AND LINDA ERLENE HURST, HUSBAND AND WIFE,
as Joint Tenants

the real property in the Unincorporated Area
County of FRESNO

, State of California, described as

THE SOUTH HALF OF THE EAST 165 FEET OF THE NORTH HALF OF THE EAST HALF OF THE NORTHEAST
QUARTER OF THE SOUTHWEST QUARTER OF SECTION 35, TOWNSHIP 12 SOUTH, RANGE 21 EAST MOUNT
DIABLO BASE AND MERIDIAN, ACCORDING TO THE OFFICIAL PLAT THEREOF
UNITED STATES GOVERNMENT SURVEY

RONNIE D. DUNN

SHARON L. DUNN

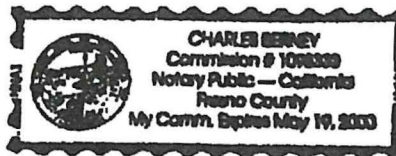
Dated March 22, 1999

STATE OF CALIFORNIA)
COUNTY OF FRESNO) ss.
On 3/23/99 before me,
the undersigned Charles Berney, Notary Public.
personally appeared
Ronnie D. Dunn Sharon L. Dunn

personally known to me (or proved to me on the basis of satisfactory
evidence) to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledge to me that he/she/they executed
the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s) or the entity
upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

Signature

Charles Berney



(This area for official notarial seal)

MAIL TAX STATEMENTS AS DIRECTED ABOVE



County of Fresno

DEPARTMENT OF PUBLIC WORKS AND PLANNING
STEVEN E. WHITE, DIRECTOR

INITIAL STUDY APPLICATION

INSTRUCTIONS

Answer all questions completely. An incomplete form may delay processing of your application. Use additional paper if necessary and attach any supplemental information to this form. Attach an operational statement if appropriate. This application will be distributed to several agencies and persons to determine the potential environmental effects of your proposal. Please complete the form in a legible and reproducible manner (i.e., USE BLACK INK OR TYPE).

OFFICE USE ONLY

IS No. _____

Project No(s). _____

Application Rec'd.: _____

GENERAL INFORMATION

1. Property Owner: Hinda F Harot Phone/Fax 559-978-8216

Mailing Address: 7377 N. DeWolf Ave Clavis, Ca 93619
Street City State/Zip

2. Applicant: Kerman Mobile Homes Phone/Fax: (559) 846-9373

Mailing Address: 14754 W. Whitesbridge Rd Kerman, CA 93630
Street City State/Zip

3. Representative: Tim Gonzalez Phone/Fax: (559) 846-9373

Mailing Address: 14754 W. Whitesbridge Rd Kerman, CA 93630
Street City State/Zip

4. Proposed Project: Install a New Double Wide MANUFACTURED HOME. 26'8" x 56' 3/2. it will be for her daughter to look after the MOTHER

5. Project Location: 7377 N. DeWolf Ave.
Clavis, CA 93619

6. Project Address: N. DeWolf Ave, Clavis CA

7. Section/Township/Range: / / 8. Parcel Size:

9. Assessor's Parcel No. 565-041-19 OVER.....

10. Land Conservation Contract No. (If applicable): _____

11. What other agencies will you need to get permits or authorization from:

- | | |
|---|---|
| _____ LAFCo (annexation or extension of services) | _____ SJVUAPCD (Air Pollution Control District) |
| _____ CALTRANS | _____ Reclamation Board |
| _____ Division of Aeronautics | _____ Department of Energy |
| _____ Water Quality Control Board | _____ Airport Land Use Commission |
| _____ Other _____ | |

12. Will the project utilize Federal funds or require other Federal authorization subject to the provisions of the National Environmental Policy Act (NEPA) of 1969? _____ Yes _____ No

If so, please provide a copy of all related grant and/or funding documents, related information and environmental review requirements.

13. Existing Zone District¹: _____

14. Existing General Plan Land Use Designation¹: _____

ENVIRONMENTAL INFORMATION

15. Present land use: _____
Describe existing physical improvements including buildings, water (wells) and sewage facilities, roads, and lighting. Include a site plan or map showing these improvements:

Describe the major vegetative cover: _____

Any perennial or intermittent water courses? If so, show on map: _____

Is property in a flood-prone area? Describe:

16. Describe surrounding land uses (e.g., commercial, agricultural, residential, school, etc.):

North: _____

South: _____

East: _____

West: _____

17. What land use(s) in the area may be impacted by your Project?: _____

18. What land use(s) in the area may impact your project?: _____

19. **Transportation:**

NOTE: The information below will be used in determining traffic impacts from this project. The data may also show the need for a Traffic Impact Study (TIS) for the project.

A. Will additional driveways from the proposed project site be necessary to access public roads?
_____ Yes No

B. **Daily traffic generation:**

I. Residential - Number of Units _____
Lot Size _____
Single Family _____
Apartments _____

II. Commercial - Number of Employees _____
Number of Salesmen _____
Number of Delivery Trucks _____
Total Square Footage of Building _____ *N/A*

III. Describe and quantify other traffic generation activities: _____

20. Describe any source(s) of noise from your project that may affect the surrounding area: _____

21. Describe any source(s) of noise in the area that may affect your project: _____

22. Describe the probable source(s) of air pollution from your project: _____

23. Proposed source of water:
 private well
 community system³--name: _____ OVER.....

24. *Anticipated volume of water to be used (gallons per day)²:* _____
25. *Proposed method of liquid waste disposal:*
 septic system/individual
 community system³-name _____
26. *Estimated volume of liquid waste (gallons per day)²:* _____
27. *Anticipated type(s) of liquid waste:* _____
28. *Anticipated type(s) of hazardous wastes²:* _____
29. *Anticipated volume of hazardous wastes²:* _____
30. *Proposed method of hazardous waste disposal²:* _____
31. *Anticipated type(s) of solid waste:* _____
32. *Anticipated amount of solid waste (tons or cubic yards per day):* _____
33. *Anticipated amount of waste that will be recycled (tons or cubic yards per day):* _____
34. *Proposed method of solid waste disposal:* _____
35. *Fire protection district(s) serving this area:* _____
36. *Has a previous application been processed on this site? If so, list title and date:* _____

37. *Do you have any underground storage tanks (except septic tanks)?* Yes _____ No
38. *If yes, are they currently in use?* Yes _____ No _____

TO THE BEST OF MY KNOWLEDGE, THE FOREGOING INFORMATION IS TRUE.

 SIGNATURE

 DATE

¹*Refer to Development Services and Capital Projects Conference Checklist*

²*For assistance, contact Environmental Health System, (559) 600-3357*

³*For County Service Areas or Waterworks Districts, contact the Resources Division, (559) 600-4259*

NOTICE AND ACKNOWLEDGMENT

INDEMNIFICATION AND DEFENSE

The Board of Supervisors has adopted a policy that applicants should be made aware that they may be responsible for participating in the defense of the County in the event a lawsuit is filed resulting from the County's action on your project. You may be required to enter into an agreement to indemnify and defend the County if it appears likely that litigation could result from the County's action. The agreement would require that you deposit an appropriate security upon notice that a lawsuit has been filed. In the event that you fail to comply with the provisions of the agreement, the County may rescind its approval of the project.

STATE FISH AND WILDLIFE FEE

State law requires that specified fees (effective January 1, 2024: \$4,051.25 for an EIR; \$2,916.75 for a Mitigated/Negative Declaration) be paid to the California Department of Fish and Wildlife (CDFW) for projects which must be reviewed for potential adverse effect on wildlife resources. The County is required to collect the fees on behalf of CDFW. A \$50.00 handling fee will also be charged, as provided for in the legislation, to defray a portion of the County's costs for collecting the fees.

The following projects are exempt from the fees:

- 1. All projects statutorily exempt from the provisions of CEQA (California Environmental Quality Act).*
- 2. All projects categorically exempt by regulations of the Secretary of Resources (State of California) from the requirement to prepare environmental documents.*

A fee exemption may be issued by CDFW for eligible projects determined by that agency to have "no effect on wildlife." That determination must be provided in advance from CDFW to the County at the request of the applicant. You may wish to call the local office of CDFW at (559) 222-3761 if you need more information.

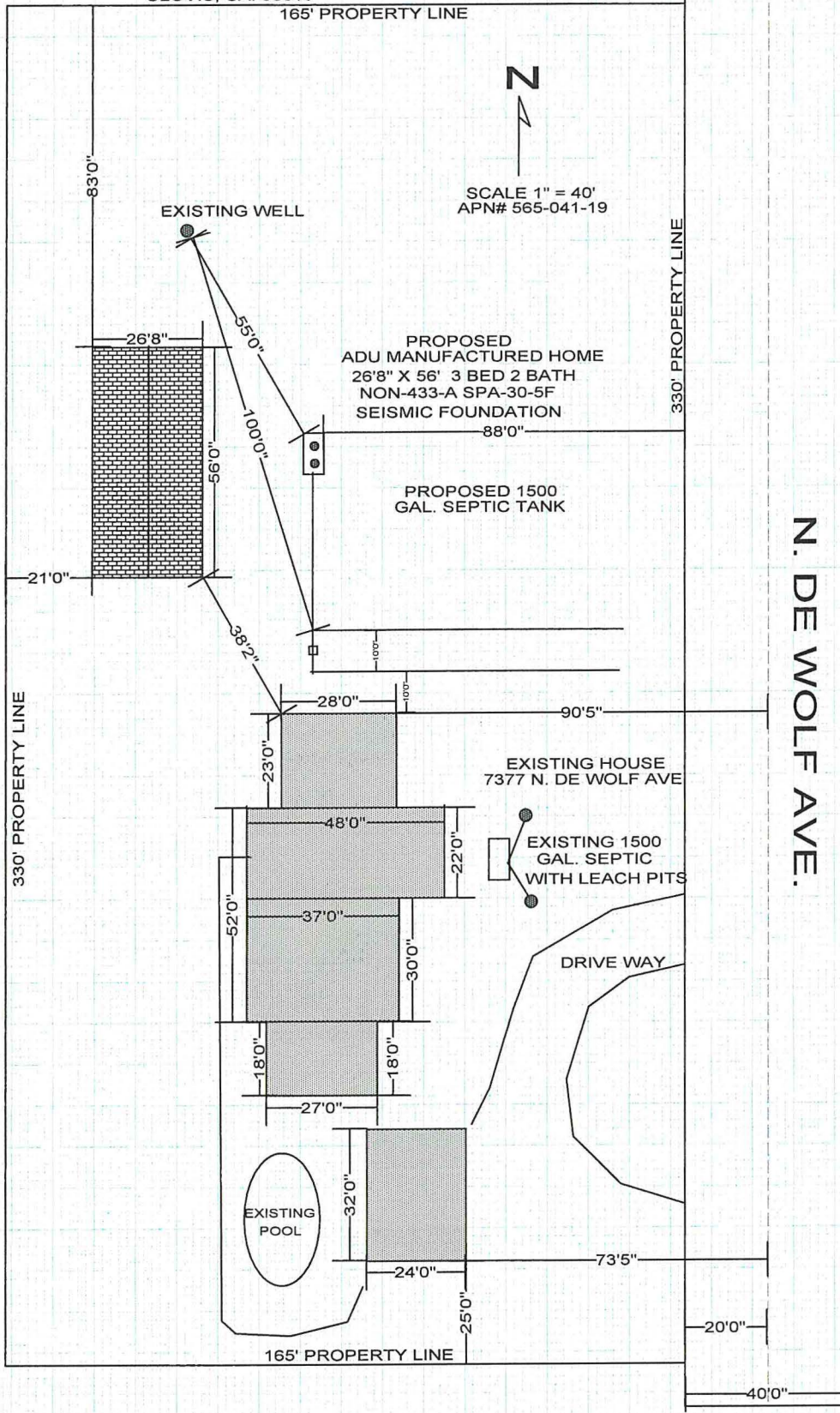
Upon completion of the Initial Study you will be notified of the applicable fee. Payment of the fee will be required before your project will be forwarded to the project analyst for scheduling of any required hearings and final processing. The fee will be refunded if the project should be denied by the County.



Applicant's Signature

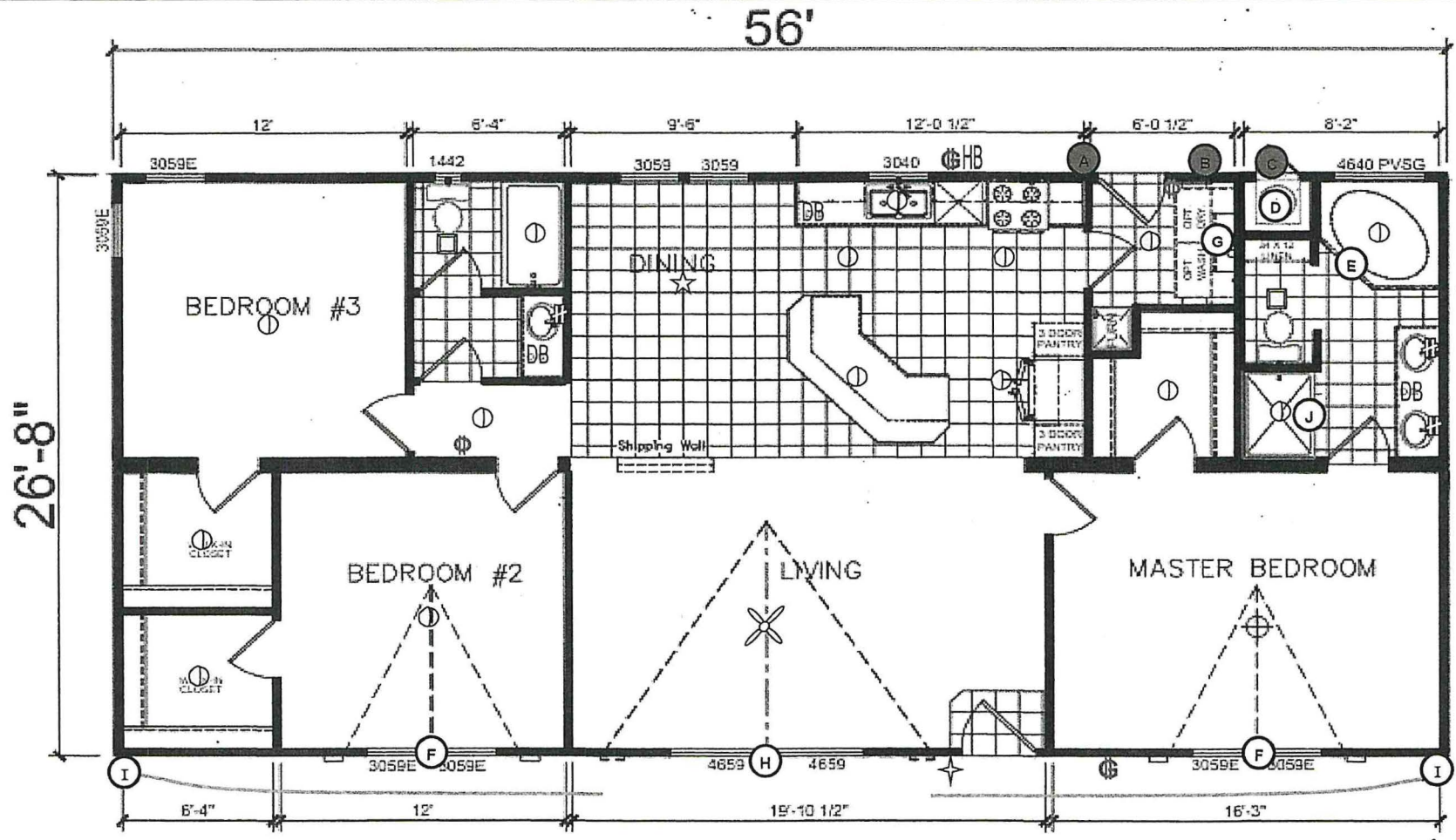
Date

DAVID MICHAEL HURST AND LINDA ERLENE
7377 N. DE WOLF AVE.
CLOVIS, CA. 93619

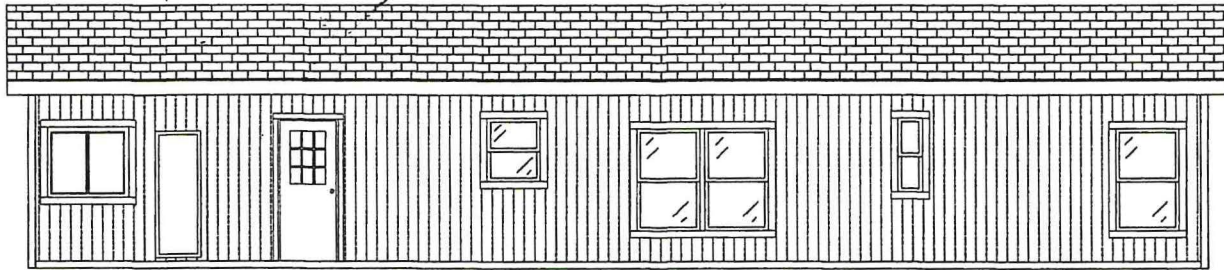


- ☐ Exhaust Fan Light ⓪ Can Light Ⓜ J-Box DB Bank of Drawers ✦ Dlx Porch Light
- ⌘ Switch ✨ Ceiling Fan ▽ USB recept RS Rollout Shelves ✨ Dlx mirror light
- Ⓢ Recept ▲ TV Conduit ☰ Solar Tube HB Hose Bib ☒ Shutters
- Ⓢ GFCI Ⓢ Dimmer Switch ✨ Pendant Light Ⓢ Paddle fan prep ☆ Chandlier

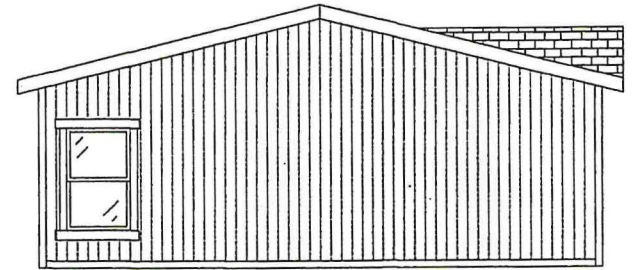
| | | |
|---------------------|----------|-----------|
| KM4563M | | |
| REDMAN HOMES | | |
| KERMAN MOBILE HOMES | | |
| QT# | CUSTOMER | SF- 1,493 |



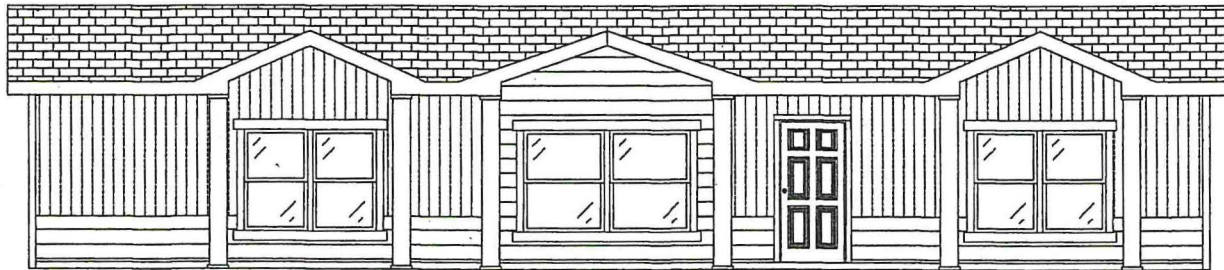
- A GAS UTILITY MAIN
- B ELECTRICAL PANEL
- C GAS UTILITY MAIN
- D 40 GAL GAS WATER HEATER
- E DROP IN TUB W/ GRANITE
- F MINI DORMER W/ 2 COLUMNS
- G UTILITY O/H CABS W/ SHELF BETWEEN
- H 10' OPEN DORMER W/ 2 COLUMNS & FULL LAP BETWEEN
- I 3 ROWS BOTTOM LAP
- J 48" SHOWER



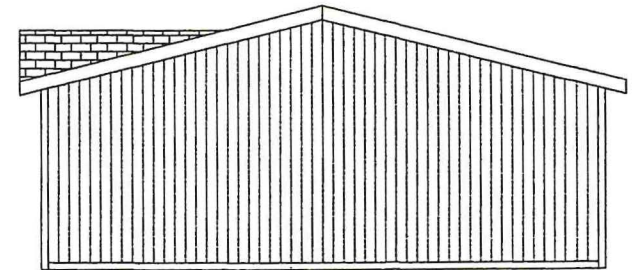
BACK ELEVATION



REAR ELEVATION



FRONT ELEVATION



HITCH END ELEVATION

HAMPTON
HOME BUILDERS

MODIFICATIONS

PROJECT: KM-4563M

TITLE: ELEVATIONS

SHEET: EV-101

DRAWN BY: A. CPRES
DATE: 12-13-22
SCALE: N.T.S.

FILENAME: 079_33388

PROPRIETARY AND CONFIDENTIAL
THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL
PROPRIETARY AND CONFIDENTIAL MATERIALS OF CHAMPION.
COPYRIGHT ©1976-2022 BY



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

| WELL OWNER | | WELL LOCATION | |
|--------------------------------|--------------------------------|---------------------------------|------------------------|
| Name: <u>Linda Hurst</u> | Address: <u>7377 N De Wolf</u> | Address: <u>7377 N. De Wolf</u> | City: <u>CLOVIS</u> |
| Address: <u>7377 N De Wolf</u> | City: <u>CLOVIS</u> | City: <u>CLOVIS</u> | APN: <u>56504119</u> |
| City: <u>Clovis</u> | State: <u>CA</u> | Zip: <u>93619</u> | APN: <u>565-041-19</u> |

WELL INFORMATION

Completion Report No: _____ Attached N/A Completion Date: 7/02/24 N/A
 Depth: N/A N/A Airlift Yield: _____ N/A

Anticipated Service Connections: Single Dwelling Main and secondary dwelling

TEST EQUIPMENT INFORMATION

Test Pump Model & HP: 1 HP Franklin Electric/Goulds Permanent Pump Test Pump
 Pump Setting: N/A Sounding Tube Size & Depth: 1" Discharge Piping: 1.5" Feet from Well Head
 Flow Meter Model: Blue/white F-300 Flow Meter Serial No: F-30150P

TEST SUMMARY

Test Number: _____ Original Test Repeat Test

Date & Time Building Official Notified: 6/23/24 Via Fax Email Mail

Date & Time of Last Pumping Prior to Test: 6/28/24

Date & Time Static Water Level Measured: 7/02/24 Depth: 88'

Date & Time Pumping Began: 7/02/24 6:25am Date & Time Pumping Ended: 7/02/24 2pm

Total Pumping Time: 7 hrs 35 mins Hours / Minutes

Total Volume Pumped: 4,295 Gallons

Final Discharge Rate: 8 GPM GPM over last 60 minutes of test

Allowable Yield: 6.7 GPM (Final Discharge Rate X Seasonal Factor)

SWL: 134' after 7 hrs 35 mins 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: Crisp Well Drilling License: 1045131

By: Aaron Crisp Phone: 559-901-9654

Sign: Aaron Crisp Date: 7/08/24

Fresno County Office Use Only

Approved By: ROY JIMONDOZ Certified Yield: 6.7 GPM

Date: 7/12/2024 Minimum 2,000 Gallon Storage: Required Not Required

Form F-372 (Rev 07/10)

**FRESNO COUNTY
WELL YIELD PUMPING TEST DATA SHEET**

COMPANY: CRISP WELL DRILLING LLC.
 ADDRESS: 240 Spruce Ave Fowler, CA 93625
 LICENSE NO: 1045131 PHONE NO: (559) 901-9654


REPORT NUMBER: _____ DATE: 7/2/24

WELL OWNER: LINDA HURST

WELL LOCATION: 7377 N De Wolf Ave APN: 565-041-19
Coalinga, CA 93619

| TIME | CUMULATIVE TIME | DEPTH | CHANGE | METER | GALLONS (period) | GALLONS (total) | FLOW/ GPM |
|----------|-----------------|-------|--------|-------|------------------|---------------------|-----------|
| 6:25 AM | 5 min | 88 | 0 | | | | 16 |
| 6:30 AM | 5 min | 99 | 11 | | | | 16 |
| 6:35 AM | | 115 | 16 | | | | 16 |
| 6:40 AM | | 125 | 10 | | | | 14 |
| 6:45 AM | | 128 | 3 | | | | 14 |
| 6:50 AM | | 128 | 0 | 394 | | 442 | 14 |
| 6:55 AM | | 130 | 2 | | | | 12 |
| 7:00 AM | | 130 | 0 | | | | 11 |
| 7:05 AM | | 131 | 1 | | | | 11 |
| 7:10 AM | | 131 | 0 | | | | 11 |
| 7:15 AM | | 130 | -1 | | | | 11 |
| 7:20 AM | | 131 | +1 | | | | 11 |
| 7:25 AM | | 131 | 0 | 885 | | 1114 917 | 10 |
| 7:40 AM | 15 MIN | 132 | 1 | | | | 10 |
| 7:55 AM | | 133 | 2 | | | | 10 |
| 8:10 AM | | 134 | 1 | | | | 10 |
| 8:25 AM | | 134 | 0 | 1,327 | | 1,360 | 10 |
| 8:55 AM | 30 MIN | 134 | 0 | | | | 98 |
| 9:25 AM | | 134 | 0 | | | | 8 |
| 10:25 AM | 1 HR | 134 | 0 | 1,780 | | 1,802 | 8 |

COMMENTS: _____

Inspectors Initials: 

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

COMPANY: CRISP WELL DRILLING LLC.
 ADDRESS: 240 Spruce Ave Fowler, CA 93625
 LICENSE NO: 1045131 PHONE NO: (559) 901-9654

REPORT NUMBER: _____ DATE: 7/2/24
 WELL OWNER: LINDA HURST
 WELL LOCATION: 7377 N DE WOLF AVE APN: 565-041-19
 TOTAL PUMPING TIME: 7hrs 35mins HOURS / MINUTES
 DATE AND TIME OF STATIC WATER LEVEL: 7/2/24 3:18 PM AM/PM
 STATIC WATER LEVEL: 88' WATER LEVEL AT END OF PUMPING: 134'
 TOTAL DRAW DOWN: 46' 90% OF TOTAL DRAW DOWN: _____
 REQUIRED STATIC WATER LEVEL AFTER PRESCRIBED OFF TIME: 75 mins

| TIME | CUMULATIVE TIME | DEPTH TO WATER | CHANGE |
|----------------|-----------------|----------------|--------|
| <u>2:00 pm</u> | <u>5 min</u> | <u>134</u> | |
| <u>2:05 pm</u> | | | |
| <u>2:10 pm</u> | | | |
| <u>2:15 pm</u> | | | |
| <u>2:20 pm</u> | | | |
| <u>2:25 pm</u> | | | |
| <u>2:30 pm</u> | | | |
| <u>2:35 pm</u> | | | |
| <u>2:40 pm</u> | | | |
| <u>2:45 pm</u> | | | |
| <u>2:50 pm</u> | | | |
| <u>2:55 pm</u> | | | |
| <u>3:00</u> | <u>15 min</u> | | |
| | | | |
| | | | |

| TIME | CUMULATIVE TIME | DEPTH TO WATER | CHANGE |
|----------------|-----------------|----------------|--------|
| <u>2:05 pm</u> | | <u>132</u> | |
| <u>2:10 pm</u> | | <u>126</u> | |
| <u>2:15 pm</u> | | <u>114</u> | |
| <u>2:20 pm</u> | | <u>110</u> | |
| <u>2:25 pm</u> | | <u>107</u> | |
| <u>2:30 pm</u> | | <u>104</u> | |
| <u>2:35 pm</u> | | <u>100</u> | |
| <u>2:40 pm</u> | | <u>99</u> | |
| <u>2:45 pm</u> | | <u>98</u> | |
| <u>2:50 pm</u> | | <u>96</u> | |
| <u>2:55 pm</u> | | <u>93</u> | |
| <u>3:00 pm</u> | | <u>92</u> | |
| <u>3:15 pm</u> | | <u>89</u> | |
| | | | |
| | | | |

COMMENTS: _____





