Santa Cruz County

Environmental Health Department

701 Ocean Street, Room 312, Santa Cruz, CA 95060 (831) 454-2022

**Application for Individual Water System Permit**

Permit No: **\_\_\_\_\_\_\_\_\_\_\_**

Assessor’s Parcel Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Location: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_ ++++===========================================================================================

**Type:** □ Well □ Horizontal Well □ Spring □ Stream Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System will be: □ Individual □ Shared (If shared, attach Recorded Well Agreement)

 □ Agreement Meets Requirements □ REHS \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

Location of Water Source (APN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ List APNs to be served below:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby agree to comply with all laws and regulations of the County of Santa Cruz pertaining to Individual Water Systems:

Owners Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ =====================================================================================

**Well Pumping Test** I certify that I performed the pump test and the information

 is true and correct to the best of my knowledge.

Date(s) of Pumping Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pumping Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Continuous Pumping \_\_\_\_\_\_\_\_\_\_\_Hours Signature

Total Yield \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gallons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Draw Down During Pumping Test \_\_\_\_\_\_\_\_\_\_\_\_Feet License Number Date

Static Water Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Feet

\*\*\* 3rd Party Obtaining and Transporting Water Sample to Lab - Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Well Drilling Registered Registered Well Pump

Contractor □ Engineer □ Geologist □ Contractor □ REHS □

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**OFFICE**

Pump Tests: □ Meets Requirement □ Does not Meet Requirements

\*Bacteriological Quality: □ Meets Requirements □ Does not Meet Requirements

 □ Follow Up Testing

 □ REHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

\*Chemical Quality: □ Meets Standards □ Does not Meet Standards

 □ Follow Up Testing Meets Standards

 □ REHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Permit Approved □ Permit Denied □ Conditional Approval (Satisfactory Test Results Prior for Septic Final)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REHS Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

\*Water Samples submitted to the Qualified Lab must be taken by an EH approved 3rd Party