



# County of Santa Cruz



## HEALTH SERVICES AGENCY Environmental Health Division

701 Ocean St. Room 312, Santa Cruz, CA 95060  
(831) 454-2022 TDD/ TTY: Call 711  
[www.scceh.org](http://www.scceh.org)

### Water Quality Assistance Application

Santa Cruz County provides free water quality assistance services to households that:

- 1) Have well water that does not meet drinking water standards; and
- 2) Meet income qualifications.

For assistance, please complete the form below and send it to [sean.abbey@santacruzcountyca.gov](mailto:sean.abbey@santacruzcountyca.gov).

### Applicant Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

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

Well Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Property Owner Mailing Address,  
*If different:* \_\_\_\_\_

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

### Applicants must certify their household's income qualifications using one of the following criteria:

Does your household make less than \$73,524 a year?  
(80% of CA State Median) YES NO

Is your household enrolled in California Alternative Rates for Energy (CARE)? YES NO If yes, please include a PG&E utility bill with your application.

### Certification

**I certify that the information above is true and complete to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Water Quality Assistance Services Requested

Please indicate which water quality assistance services you are interested in receiving.

	YES	NO
Additional Water Quality Testing	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
	YES	NO
Bottled Water Delivery	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
	YES	NO
Point of Use (POU) Treatment System Installation*	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
	YES	NO
Trucked water delivery to an existing water storage tank	<input type="checkbox"/>	<input type="checkbox"/>

## \* Property Owner Approval of POU installation

**Installation of a Point of Use (POU) treatment system requires approval from the property owner.**

To install a POU treatment device, Santa Cruz County, and its affiliates, will need to make modifications to a sink in the home. The specifics of the modification will be discussed with the property owner prior to installation.

Property

Owner

Full Name:

\_\_\_\_\_

*Last*

*First*

*M.I.*

Property Owner Mailing

Address

\_\_\_\_\_

\_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_

*State*

*ZIP Code*

Well Address:

\_\_\_\_\_

\_\_\_\_\_ *Apartment/Unit #*

\_\_\_\_\_

*State*

*ZIP Code*

*I approve Santa Cruz County staff, and its affiliates, to install a Point of Use treatment system at the household applying for services.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_