

APPLICATION FOR INDIVIDUAL WATER SYSTEM PERMIT

PERMIT NO. _____

(SITE LOCATION) _____

ASSESSOR'S PARCEL NUMBER _____

OWNER _____ PHONE _____

MAILING ADDRESS _____

SYSTEM TO BE:

- INDIVIDUAL
 SHARED (IF SHARED, COPY OF RECORDED DEEDED EASEMENT MUST BE ATTACHED)

TYPE:

- WELL HORIZONTAL WELL
 SPRING STREAM

LOCATION OF WATER SOURCE (APN) _____

APN'S TO BE SERVED: 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.

(SIGNATURE OF PROPERTY OWNER)

(DATE)

WELL PUMPING TEST

DATE(S) OF PUMPING TEST _____

PUMPING RATE _____ GPM

DURATION OF CONTINUOUS PUMPING _____ HOURS

TOTAL YIELD _____ GALLONS

DRAW DOWN DURING PUMPING TEST _____ FT.

STATIC WATER LEVEL _____ FT.

*NAME OF PERSON OBTAINING AND TRANSPORTING WATER SAMPLE TO LAB _____ DATE _____

I CERTIFY THAT I PERFORMED THE PUMP TEST AND THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

(SIGNATURE)

(DATE)

(LICENSE NO.)

WELL DRILLING CONTRACTOR REGISTERED ENGINEER REGISTERED GEOLOGIST R.E.H.S. WELL PUMP CONTRACTOR

ENVIRONMENTAL HEALTH SERVICE EVALUATION

1. PUMP TEST: MEETS REQUIREMENTS DOES NOT MEET REQUIREMENTS
2. *BACTERIOLOGICAL QUALITY MEETS STANDARDS DOES NOT MEET STANDARDS (RESAMPLE)
 FOLLOW-UP TESTING MEETS STANDARDS FOLLOW-UP TESTING MEETS STANDARDS
3. *CHEMICAL QUALITY MEETS STANDARDS DOES NOT MEET STANDARDS (SEE REMARKS)
 FOLLOW-UP TESTING MEETS STANDARDS FOLLOW-UP TESTING MEETS STANDARDS
- APPROVAL _____ DATE _____
- APPROVAL _____ DATE _____

(Analysis From A State-Certified Laboratory for Bacteriologic & Chemical Quality Must Be Attached)

REMARKS: _____

PERMIT APPROVED PERMIT DENIED CONDITIONAL APPROVAL
(SUBMIT SATISFACTORY TEST RESULTS BEFORE FINAL)

BY: _____, R.E.H.S. DATE: _____ REVIEWED BY: _____ DATE: _____

*SAMPLE SUBMITTED TO THE LAB MUST BE TAKEN BY AN EHS APPROVED THIRD PARTY.

DISTRIBUTION: WHITE=EHS\YELLOW=OWNER\PINK=FISCAL CONTROL\GOLDENROD=CONTRACTOR