

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