

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  
 Total Yield \_\_\_\_\_ Gallons  
 Draw Down During Pumping Test \_\_\_\_\_ Feet  
 Static Water Level \_\_\_\_\_ Feet

\_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 License Number \_\_\_\_\_ Date \_\_\_\_\_

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

Well Drilling Contractor  Registered Engineer  Registered Geologist  Well Pump Contractor  REHS

**OFFICE**

Pump Tests:  Meets Requirement  Does not Meet Requirements  
 \*Bacteriological Quality:  Meets Requirements  Does not Meet Requirements  
 Follow Up Testing  
 REHS: \_\_\_\_\_ Date: \_\_\_\_\_  
 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