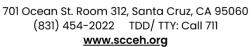


## **County of Santa Cruz**

## **HEALTH SERVICES AGENCY**

## **Environmental Health Division**





## WELL PERMIT APPLICATION

WELL TYPE	NEW	REPLACEMENT	SUP	PLEMENTAL	MONITO	RING	CATHODI	c [	OTHER			
		PRC	DIFCT LOCAT	ION					FOR O	FFICE USE		
PROJECT LOCATION  WELL APN									REC DATE			
PROPERTY ADDRESS										AMT		
CITY STATE ZIP								CASH/CHK/MONEY ORDER CHK# DATE				
DIRECTIONS TO SITE								REC ID				
REQUIRED ATTACHMENTS												
OWNER/ AGENT AUTHORIZATION FORM SITE MAP												
				PROPERTY OWN	ER INFORMATION	N						
OWNER'S NAME												
MAILING ADDR	ESS					CITY			STATE	ZIP		
PHONE E-MAIL ADDRESS												
				DRILLING C	ONTRACTOR							
CONTRACTOR N	AME				LICI	ENSE			EXP DATE			
MAILING ADDR	ESS					CITY			STATE	ZIP		
PHONE E-MAIL ADDRESS												
WELL DETAILS												
APN OF PROPE	RTIES SERVED BY W	/ELL (IF MULTPLE)										
				INITENIE	DED LISE							
				INTENL	DED USE							
DOMESTI	С	NUMBER OF RESIDEN	NCES SERVED	(EXCLUDING AD	Us)							
☐ REGULAT	ED WATER SYSTEM	ļ										
N	AME OF SYSTEM	ESTIMATED WATER USE (AFY) WILL						ATER US	E INCREASE?	YES	□no	
AGRICULT	TURAL	NUMBER OF ACRES		ESTIMATE	D WATER USE (AI	=Y)	WILL WA	ATER USI	E INCREASE?	YES	□no	
СОММЕР	CIAL/ INDUSTRIAL	TYPE		ESTIMATE	D WATER USE (AI	Y)	WILL WA	ATER US	E INCREASE?	YES	□no	
MONITORING TYPE (GROUNDWATER, VADOSE, OTHER)												
DISTANCE FROM	M WELL TO SEPTION	C SYSTEMS	FT ANOTI	HER WELL	FT NEAREST	PROPERTY LI	NEF1	Γ STR	EAM OR WA	TER BODY	FT	
WELL CONSTRUCTION AND DESIGN												
TYPE OF WELL O	CONSTRUCTION	ROTARY		OTHER								
CASING		SINGLE		DOUBLE	MATERIAL			TYPE	OF JOINT			
DEPTH	FT	DIAMETER	IN	PR∩P∩SED DEPT	H OE SEAL	FT	WIDTH OF	SEAL		IN		

				APN					
EXISTING WELLS ON THE PROPERTY									
NUMBER OF WELLS ON THE PARCEL	DOMESTIC	AGRICULTURAL	COMMERCIAL/ INDUSTRIAL	MONITORING					
CONDITION OF OTHER WELLS	☐ ACTIVE	☐ INACTIVE	☐ SUPPLEMENTAL	☐ TO BE DESTROYED					
ARE EXISTING WELLS METERED?	☐ YES	□ №	METER READING						
REASON FOR THE NEW WELL (IF REPLACING OR SUPPLEMENTING)	☐ DECLINING WA		SILTATION/MINERALIZATION	BROKEN CASING/SEAL					
ACKNOWLEDGEMENTS									
I hereby agree to comply with all laws and regulations of the County of Santa Cruz and State of California pertaining to well construction and declare under penalty of perjury the information submitted on this application is true and correct.  I cannot begin work until this permit application is reviewed and approved.  Once my permit is approved, I will contact Environmental Health (EH) 24-48hrs prior to commencement of work.  I understand that this permit expires one year from the date of issuance.									
AUTHORIZED AGENT SIGNATURE: DATE:									
NAME (PRINT):									
FOR OFFICE USE ONLY									
APPLICATION APPROVED BY: _			DATE:						