



# 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)



## WELL PERMIT APPLICATION

<b>WELL TYPE</b>	<input type="checkbox"/> NEW	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> MONITORING	<input type="checkbox"/> CATHODIC	<input type="checkbox"/> OTHER _____
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PROJECT LOCATION			FOR OFFICE USE	
WELL APN			REC DATE	
PROPERTY ADDRESS			PE	AMT
CITY	STATE	ZIP	CASH/CHK/MONEY ORDER CHK# _____ DATE _____	
DIRECTIONS TO SITE			REC ID	

REQUIRED ATTACHMENTS	
<input type="checkbox"/> OWNER/ AGENT AUTHORIZATION FORM	<input type="checkbox"/> SITE MAP

PROPERTY OWNER INFORMATION			
OWNER'S NAME			
MAILING ADDRESS		CITY	STATE ZIP
PHONE		E-MAIL ADDRESS	

DRILLING CONTRACTOR			
CONTRACTOR NAME		LICENSE	EXP DATE
MAILING ADDRESS		CITY	STATE ZIP
PHONE		E-MAIL ADDRESS	

WELL DETAILS	
APN OF PROPERTIES SERVED BY WELL (IF MULTIPLE) _____	

INTENDED USE			
<input type="checkbox"/> DOMESTIC	NUMBER OF RESIDENCES SERVED (EXCLUDING ADUs) _____		
<input type="checkbox"/> REGULATED WATER SYSTEM	NAME OF SYSTEM _____ ESTIMATED WATER USE (AFY) _____ WILL WATER USE INCREASE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> AGRICULTURAL	NUMBER OF ACRES _____	ESTIMATED WATER USE (AFY) _____	WILL WATER USE INCREASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> COMMERCIAL/ INDUSTRIAL	TYPE _____	ESTIMATED WATER USE (AFY) _____	WILL WATER USE INCREASE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> MONITORING	TYPE (GROUNDWATER, VADOSE, OTHER) _____		

DISTANCE FROM WELL TO	SEPTIC SYSTEMS _____ FT	ANOTHER WELL _____ FT	NEAREST PROPERTY LINE _____ FT	STREAM OR WATER BODY _____ FT
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WELL CONSTRUCTION AND DESIGN			
TYPE OF WELL CONSTRUCTION		<input type="checkbox"/> ROTARY	<input type="checkbox"/> OTHER _____
CASING	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DOUBLE	MATERIAL _____ TYPE OF JOINT _____
DEPTH _____ FT	DIAMETER _____ IN	PROPOSED DEPTH OF 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	<input type="checkbox"/> ACTIVE	<input type="checkbox"/> INACTIVE	<input type="checkbox"/> SUPPLEMENTAL	<input type="checkbox"/> TO BE DESTROYED
ARE EXISTING WELLS METERED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	METER READING_____	
REASON FOR THE NEW WELL (IF REPLACING OR SUPPLEMENTING)	<input type="checkbox"/> DECLINING WATER LEVEL	<input type="checkbox"/> SILTATION/MINERALIZATION	<input type="checkbox"/> BROKEN CASING/SEAL	
	<input type="checkbox"/> OTHER_____			

## 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: \_\_\_\_\_