



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

INDIVIDUAL WATER SYSTEM PERMIT APPLICATION

PROJECT LOCATION			FOR OFFICE USE	
CITY	STATE	ZIP	REC DATE	
SUBJECT PROPERTY APN			PE	AMT
SUBJECT PROPERTY ADDRESS			CASH/CHK/MONEY ORDER CHK# _____ DATE _____	
APN OF INDIVIDUAL WATER SYSTEM SOURCE LOCATION			REC ID	

REQUIRED ATTACHMENTS	
<input type="checkbox"/> OWNER-AGENT FORM	<input type="checkbox"/> WELL PUMPING TEST - FORM EHD 331 LU
<input type="checkbox"/> LABORATORY WATER QUALITY RESULTS	<input type="checkbox"/> RECORDED WELL AGREEMENT (FOR SHARED WATER SYSTEMS)

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

SYSTEM TYPE AND WATER SOURCE			
SYSTEM TYPE	<input type="checkbox"/> Individual	<input type="checkbox"/> Shared	WATER SOURCE
			<input type="checkbox"/> Well <input type="checkbox"/> Spring
*New stream diversions to create an individual water system are prohibited			

ADDITIONAL PARCELS AND RESIDENCES SERVED	
ADDITIONAL APNS	
1. _____	3. _____
2. _____	4. _____
TOTAL NUMBER OF PRIMARY RESIDENCES CONNECTED TO THE INDIVIDUAL WATER SYSTEM _____	
NOTE: A WATER SYSTEM CONNECTED TO MORE THAN 4 PRIMARY RESIDENCES IS NOT AN INDIVIDUAL WATER SYSTEM. COMPLETE A SMALL WATER SYSTEM APPLICATION PACKET. A SINGLE PARCEL CAN HAVE MORE THAN ONE PRIMARY RESIDENCE. ADU UNITS ARE NOT CONSIDERED PRIMARY RESIDENCES AND DO NOT COUNT TOWARDS THE NUMBER OF CONNECTIONS.	

THIRD PARTY SAMPLE COLLECTOR AND TRANSPORTER*	
*WATER SAMPLES SUBMITTED TO THE QUALIFIED LAB MUST BE TAKEN BY A THIRD PARTY APPROVED BY THIS AGENCY.	
<input type="checkbox"/> WELL DRILLING CONTRACTOR	<input type="checkbox"/> WELL PUMP CONTRACTOR
<input type="checkbox"/> REGISTERED ENGINEER	<input type="checkbox"/> REGISTERED GEOLOGIST
<input type="checkbox"/> REHS	
NAME: _____	DATE: _____

CERTIFICATION	
I hereby agree to comply with all laws and regulations of the County of Santa Cruz pertaining to the individual water system.	
OWNER SIGNATURE: _____	DATE: _____

FOR OFFICE USE	
<input type="checkbox"/> PERMIT APPROVED	<input type="checkbox"/> CONDITIONAL APPROVAL (SATISFACTORY WATER QUALITY TEST RESULTS PRIOR TO OWTS FINAL)
<input type="checkbox"/> PERMIT DENIED	
REVIEWED BY: _____	DATE: _____
SUPERVISOR REVIEWED: _____	DATE: _____