



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

Water Quality Assistance Application

Santa Cruz County provides free water quality assistance services to households that:

- 1) Have well water that does not meet drinking water standards; and
- 2) Meet income qualifications.

For assistance, please complete the form below and send it to sean.abbey@santacruzcountyca.gov.

Applicant Information

Full Name: _____
Last First M.I.

Email: _____ Phone: _____

Well Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Property Owner Mailing Address,
If different: _____
Street Address Apartment/Unit #

City State ZIP Code

Applicants must certify their household's income qualifications using one of the following criteria:

Does your household make less than \$73,524 a year?
(80% of CA State Median) YES NO

Is your household enrolled in California Alternative Rates for Energy (CARE)? YES NO If yes, please include a PG&E utility bill with your application.

Certification

I certify that the information above is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Water Quality Assistance Services

Please indicate which water quality assistance services you are interested in receiving.

Water Quality Testing (Including PFAS)	Required	
Bottled Water Delivery	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Point of Use (POU) Treatment System Installation*	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Trucked water delivery to an existing water storage tank	YES <input type="checkbox"/>	NO <input type="checkbox"/>

* Property Owner Approval of POU installation

Installation of a Point of Use (POU) treatment system requires approval from the property owner.

To install a POU treatment device, Santa Cruz County, and its affiliates, will need to make modifications to a sink in the home. The specifics of the modification will be discussed with the property owner prior to installation.

Property

Owner

Full Name: _____

Last

First

M.I.

Property Owner Mailing

Address _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Well Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

I approve Santa Cruz County staff, and its affiliates, to install a Point of Use treatment system at the household applying for services.

Signature: _____

Date: _____