APPLICATION FOR WELL PERMIT

CITY OF SANTA CRUZ – WATER DEPARTMENT
212 LOCUST STREET, SUITE C, SANTA CRUZ, CA. 95060 (831) 420-5210

_____ ASSESSOR'S PARCEL NUMBER

_____ PERMIT NUMBER

IMPORTANT: READ ALL INFORMATION ON BACK OF APPLICATION.

SITE ADDRESS: _____

OWNER: _____ ADDRESS: _____ PHONE: _____

IS SITE SERVED BY A CITY WATER CONNECTION? ☐ YES ☐ NO

DRILLING CONTRACTOR: _____ LICENSE # _____ PHONE: _____

DIRECTIONS TO SITE: _____

NEW CONSTRUCTION _____ REPAIR/RECONSTRUCTION _____ DESTRUCTION _____

INTENDED USE

DOMESTIC _____ PUBLIC _____ IRRIGATION _____ COMMERCIAL/INDUSTRIAL _____ MONITORING _____ CATHODIC PROTECTION _____

FLOW METER REQUIRED ☐ YES ☐ NO

DISTANCE FROM WELL SITE TO NEAREST

WELL _____ LEACH FIELD _____ SEPTIC SYSTEM (CESSPOOL/PIT) _____ SEWER (MAIN/SEPTIC TANK) _____ PROPERTY LINE _____

EXISTING WELLS ON PROPERTY (NUMBER AND INTENDED USE)

DOMESTIC: _____

IRRIGATION: _____

COMMERCIAL: _____

OTHER: _____

WELL CONSTRUCTION (INCLUDE WELL DRAWING WITH APPLICATION)

TOTAL DEPTH (ft.) _____ DIAMETER (in.) _____ DEPTH OF SEAL (ft.) _____ THICKNESS OF SEAL (in.) _____

WELL DESTRUCTION

DEPTH OF WELL _____ DEPTH OF SEAL _____ NUMBER OF WATER FORMATIONS PENETRATED _____

CLEANING OF WELL REQUIRED? ☐ YES ☐ NO SEALING MATERIAL _____

PLOT PLAN

INCLUDE A COPY OF THE PLOT PLAN SHOWING, WHEN APPLICABLE, ALL OF THE FOLLOWING:

- OWNER'S NAME, ADDRESS AND ASSESSOR'S PARCEL NUMBER
- SCALE OF DRAWING OR DIMENSIONS, NORTH ARROW, PROPERTY LINES
- DIRECTIONAL SLOPE OF GROUND INDICATED BY ARROW(S)
- LOCATION OF THE FOLLOWING
  - DWELLING(S)/STRUCTURE(S) ON PROPERTY
  - PROPOSED WELL
  - EXISTING WELL(S) WITHIN 500 FEET
  - EXISTING OR PROPOSED SUBSURFACE SEWAGE LEACHING FIELDS WITHIN 100 FEET OF PROPOSED WELL SITE
  - EXISTING OR PROPOSED CESSPOOLS OR SEEPAGE PITS WITHIN 150 FEET OF THE PROPOSED WELL SITE
  - SEWER MAINS, LATERALS OR SEPTIC TANKS WITHIN 50 FEET OF THE PROPOSED WELL SITE
  - CREEKS OR WATER BODIES WITHIN 100 FEET OF THE PROPOSED WELL SITE

I HEREBY AGREE TO COMPLY WITH ALL LAWS AND REGULATIONS OF THE CITY OF SANTA CRUZ MUNICIPAL CODE CHAPTER 16.06, THE CALIFORNIA DEPARTMENT OF WATER RESOURCES WELL STANDARDS (BULLETINS 74-81 & 74-90) AND THE CALIFORNIA WATER CODE PERTAINING TO WELL CONSTRUCTION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THIS PERMIT EXPIRES ONE YEAR FROM ISSUANCE.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

APPROVED BY: _____

SIGNATURE TITLE DATE

COMMENTS: _____

WELL PERMIT FEE: _____

DATE PAID AMOUNT RECEIPT NO.

INSPECTIONS (SIGNATURE, DATE, COMMENTS)

INITIAL SITE INSPECTION: _____

INSPECTION OF ANNULAR SEAL: _____

FINAL INSPECTION: _____

ADDITIONAL COMMENTS: _____

RECEIPT OF WELL LOG (DATE): _____

WHITE – SCWD CANARY – WELL DRILLER PINK – OWNER (REV. JAN 2009)