



# County of Santa Cruz

Health Services Agency ♦ Environmental Health

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## WATER CONSERVATION AGREEMENT

Water conservation measures reduce the load to your septic system, help it function better, and increase its life expectancy. Water conservation measures are required as a condition of approval for some types of systems and are required to be installed at the time of property transfer, for all properties in Santa Cruz County. Complete the Water Conservation Agreement and submit as a part of your Sewage Disposal Permit, (Limited Expansion, Low Flow, or Alternative System Acknowledgement) and recordation document.

1. Assessor's Parcel Number (APN) \_\_\_\_\_
2. Property Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(number street name, unit #)
3. Daytime phone (\_\_\_\_) \_\_\_\_\_

4. I, \_\_\_\_\_ am the owner of the property located at the  
(print name)  
above address. I hereby certify that the above property is in compliance with Water Conservation requirements as contained in Chapter 7.69, Water Conservation, of the Santa Cruz County Code.

This certification is verified by the following:

### a. Owner Certification

_____ Total number of showers per property addresses	_____ Number of low-flow showerheads retrofitted
_____ Total number of toilets per property addresses	_____ Number of ultra-low-flush toilets retrofitted

### b. Exemption(s) Claimed (check all that apply):

- \_\_\_\_\_ structure(s) constructed or remodeled with permits in 1994 or later
- \_\_\_\_\_ existing showerhead(s) use 2.0 gal./min. or less
- \_\_\_\_\_ emergency shower cannot safely operate with a maximum flow rate of 2.0 gal./min.
- \_\_\_\_\_ showerhead fixture retrofit to comply with this ordinance would require a significant expense
- \_\_\_\_\_ showerhead fixture retrofit will not function properly in accordance with the ordinance
- \_\_\_\_\_ existing toilet(s) use 1.6 gal./flush or less
- \_\_\_\_\_ toilet fixture retrofit to comply with this ordinance would require a significant expense  
(Ord. 4781§ 1 (part), 4/05/05
- \_\_\_\_\_ any toilet that will not function properly after being retrofitted in accordance with this ordinance.

I/We declare under penalty of perjury that the information stated above is true and complete, to the best of my knowledge.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor/Consultant

\_\_\_\_\_  
Date