SANTA CRUZ COUNTY HEALTH SERVICES AGENCY - ENVIRONMENTAL HEALTH - 701 OCEAN ST, RM 312, SANTA CRUZ, CA 95060
(831) 454-2022 scceh.com landuse@santacruzcounty.us

APPLICATION FOR WELL PERMIT

☐ **New** ☐ **Replacement** ☐ **Supplemental** ☐ **Destruction** ☐ **Other** _____ ☐ **Geothermal** ☐ **Monitoring Well**

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_____ _____ _____ _____ _____ _____ _____ _____
Site Parcel Number Other Parcels Served (Permit #) (Envision #) Program Element

Site Address_____

Owner _____ Address _____

Drilling Contractor _____ License # _____ Phone _____

Directions To Site_____ **ESTIMATED WORK DATES;** START _____ COMPLETION _____

Mail Correspondence To: _____

DESIGN SPECIFICATIONS:

INTENDED USE
DOMESTIC: ☐
#Homes Served _____
WATER SYSTEM WELL: ☐
Name of Water System
_____
IRRIGATION _____ Acres: _____
Crop: _____
Water Use: _____af/yr
COMMERCIAL/INDUSTRIAL _____ Type: _____

DISTANCE FROM WELL SITE TO:
SEPTIC SYSTEMS _____
SEWER _____
NEAREST PROPERTY LINE ____

MONITORING WELL: _____
GRDWTR ☐ VADOSE ☐
OTHER: _____(SPECIFY)

TYPE OF WELL CONSTRUCTION
ROTARY _____
CABLE _____
DUG _____
OTHER _____

CASING
SINGLE ☐ DOUBLE ☐
MATERIAL _____
TYPE OF JOINT _____
GRAVEL PACK ☐

WITHIN WATER DISTRICT SERVICE AREA ☐ NO ☐ YES NAME: _____ (FORM HSA-579-REQUIRED)

CONSTRUCTION DEPTH (FT.)_____ DIAMETER (IN.) _____ DEPTH OF SEAL (FT.) _____ WIDTH OF SEAL (IN.) _____

EXISTING WELLS ON PROPERTY:
1. OTHER WELLS ON PROPERTY: NUMBER: _____ TYPES: DOMESTIC ☐ IRRIGATION ☐ COMMERCIAL USE ☐ OTHER _____
2. CONDITION OF OTHER WELLS ON PROPERTY: IN USE _____ TO BE DESTROYED _____
3. IF NEW WELL REPLACES AN EXISTING WELL, INDICATE INTENTIONS FOR USE OF REPLACED WELL:
   ☐ TO SUPPLEMENT NEW WELL ☐ TO BE DESTROYED ☐ OTHER _____

WELL DESTRUCTION: Depth Of Well _____ Depth Of Seal: _____ Number Of Water Formations Penetrated _____ Perforation?: _____
Cleaning Of Well Required Yes: ☐ No: ☐ Sealing Material _____ Other measures: _____

Plot Plan: Attach 2 copies of plot plan (see reverse for requirements)

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 will contact the environmental health service when I commence the work. Within 15 days after completion of work I will furnish the environmental health service a report of the work performed and notify them before putting the well into use. **I understand that this permit expires one year from date of issuance.** I understand approval of the well permit does not indicate whether this property is suitable for an individual sewage disposal system or that a permit to install such system will be granted.

WORKER'S COMPENSATION CERTIFICATE

☐ A CURRENTLY EFFECTIVE CERTIFICATION OF WORKERS COMPENSATION INSURANCE IS ON FILE WITH THIS OFFICE.
INSURANCE CARRIER_____ POLICY # _____

☐ I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS PERMIT IS ISSUED I SHALL NOT EMPLOY ANY PERSON IN ANY MANNER SO AS TO BECOME SUBJECT TO THE WORKER'S COMPENSATION LAWS OF CALIFORNIA

PROPERTY OWNER _____ DRILLING CONTRACTOR _____ ____/___/____

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FOR OFFICE USE ONLY:

	DATE	EHS SPECIALIST	MGR
SITE INSPECTION	_____	_____	
SUPPLEMENTAL WATER USE SHEET	_____	_____	____
APPLICATION APPROVAL	_____	_____	____
PAD INSPECTION	_____	_____	
RECEIPT OF WELL LOG	_____	_____	
FINAL	_____	_____	

ANNULAR WELL SEAL WITNESSED:
☐ YES DATE_____
☐ NO DEPTH _____
SEAL MATERIAL _____
SACKS CEMENT/YARD _____
WATER QUALITY DATA RECEIVED _____ **OK?**

WATER EFFICIENCY EVALUATION REQUIRED YES ☐ NO ☐ COMPLETE:_____ INSTALLATION VERIFIED_____
GEOPHYSICAL LOG REQUIRED YES ☐ NO ☐ RECEIVED:_____

COMMENTS: _____

PLOT PLAN REQUIREMENTS

SUBMIT 2 COPIES OF A PLOT PLAN DRAWN TO SCALE, OR SHOWING DIMENSIONS, AND CONTAINING THE FOLLOWING INFORMATION:

- OWNER'S NAME; ADDRESS AND ASSESSOR'S PARCEL NUMBER OF THE PROPERTY
- SCALE OF DRAWING (IF APPLICABLE); NORTH POINT
- DIRECTIONAL SLOPE OF GROUND INDICATED BY ARROW OR ARROWS
- LOCATION OF DWELLING(S) OR STRUCTURE(S) ON LOT
- LOCATION OR NAME OF AT LEAST ONE STREET ADJACENT TO LOT
- LOCATION OF ALL EXISTING OR PROPOSED SEWAGE DISPOSAL
- LOCATION OF ALL OTHER WELLS ON PROPERTY
- LOCATION OF ALL OTHER PARCELS TO BE SERVED BY PROPOSED WELL
- LOCATION OF CREEKS OR STREAMS WITHIN 100 FEET OF THE WELL SITE
- LOCATION OF SEWER MAINS AND/OR LATERALS ON THE PROPERTY OR WITHIN 50 FEET OF THE WELL SITE
- LOCATION OF ANY OTHER POTENTIAL SOURCES OF CONTAMINATION
- LOCATE WELL SITE TO BE AT LEAST 50 FEET FROM PROPERTY LINES

County of Santa Cruz Environmental Health Services
701 Ocean St. Room 312, Santa Cruz, CA 95060 (831) 454-2022

Well Application Supplemental Information Sheet
Water Use and Water Conservation Measures

For well permit application #_____, on APN _____

The Santa Cruz County Well Ordinance (Section 7.70.110) specifies that all well permit applications must specify the parcels proposed to be served, the type of land uses to be served, the estimated annual water use, and the presence of any existing wells which also serve those uses. The Health Officer may require documentation to support the water use estimates provided. For wells which will serve more than four residential connections or which will serve nonresidential uses which can be expected to utilize more than 2 acre-feet of water per year, measures must be taken to ensure that groundwater is put to beneficial use and is not wasted. These may include completion and implementation of a water use efficiency audit, and/or installation of water conservation measures (Attachment 1).

The applicant must provide in writing the following information:

The proposed well is a (circle one): replacement supplemental new

Water will be used for: Residential: Number of Units____
(Indicate all that apply) Commercial or Industrial (Describe)_____
Irrigation: acreage and crop type:_____
Other:_____

Water will be used on the following parcels:_____ _____ _____

Reasons for Needing Proposed Well (circle all that apply):
New Use Declining Production Declining Water Quality Sanding Casing Collapse Other

Number of other wells on property or serving the property: ____
For each well provide the following information:

Location/Description/APN:	Depth:	Diameter:	Pump Size:	Metered or Est.Water Usage	Status:
1.					
2.					
3.					

Estimated annual water use from new well will be: ____
Briefly describe how use was estimated (attach back up information as necessary)

List water conservation measures:	in place:	to be installed:
1.		
2.		
3.		
4.		
5.		

Applicant must provide the following as Attachments to this form:

1.) Plot plan showing all existing wells on the properties to be served by existing and proposed wells.
2.) Well logs for existing wells or other information on depth and perforations of existing wells.
3.) If the existing well(s) are metered, submit the past two years of water meter readings.
4.) For agricultural irrigation wells, submit a completed "Agricultural Water Conservation Questionnaire"

_____ _____ _____
Name of Person Preparing Checklist Signature Date

Return this form to: Environmental Health, 701 Ocean St., Room 312, Santa Cruz, CA 95060; or, Fax (831)454-3128

ATTACHMENT 1

Water Use Efficiency Measures for New or Replacement Wells Serving Large Uses -
Approved by Board of Supervisors, Resolution 7-2008, January 8, 2008, effective March 24, 2009.

Section 7.70.110.D of the County Well Ordinance requires that measures be implemented to ensure efficient use of water for all uses served by new or replacement wells that will serve more than four residential connections or utilize more than 2 acre feet per year. The section requires that a water efficiency audit be performed, with reasonable recommendations for improved efficiency implemented. Following are the elements to be addressed in the water use efficiency audit.

Water Use Efficiency Audit

- Measure showerhead flow rates and install low flow showerheads, if needed.
- Measure faucet flow rates and install faucet aerators for kitchens and bathrooms, if needed.
- Check toilet for leaks and install tank displacement devices or retrofit, if needed.
- Evaluate the efficiency of the irrigation system.
- Identify and correct irrigation leaks, broken or mismatched sprinkler heads, high pressure and other common problems.
- Provide water conservation materials and water-wise landscaping tips.
- Evaluate any other water uses in the home or business for efficiency.

Section 7.70.110.D.2 allows the installation of standard conservation measures in lieu of performing an audit. In this case, the following measures would be required. Some optional measures could be substituted to offset high water use landscaping.

Conservation Measures (** - Mandatory Measures)

1. Install ultra-low flow toilets (<1.28 gal/flush)** (retrofit waived if 1.6 gal/flush toilet is already in use)
2. Install low-flow showerheads (<2.0 gpm)**
3. Retrofit Clothes Washer
4. Audit for leaks**
5. Audit for irrigation efficiency**
6. Use xeriscape landscaping.
7. Utilize drip irrigation if feasible. (Required for agricultural use if feasible)
8. Evaluate water use and water savings by installation and use of a water meter.

Conservation Program for Water Systems

Water systems shall be required to develop and implement a water conservation program which will provide for installation of water conservation measures for all users in the system, including metering of individual connections, within not more than 5 years from the time of new well construction.

Agricultural Water Conservation Questionnaire

It is intended for the growers(s) to fill in this questionnaire.
Please check all that apply, fill in the acreage blanks and sign below.

- ❑ **I farm the property** that will utilize water from the proposed new well; the information included in this Agricultural Water Conservation Questionnaire is correct; I am engaged in the business of raising crops for commercial purposes; and I will implement the irrigation management practices selected in this plan during the growing season.

I am the ☐ Landowner-Grower; ☐ Lessee-Grower; ☐ Other:_____

The amount of acreage that I will farm/operate

- ❑ **… will not change** after installation of the new well.
- ❑ **… will increase** after installation of the new well.
- ❑ **… will decrease** after installation of the new well.
- ❑ **… will undergo a crop change** after installation of the new well.

	Existing	**After New Well**
❶ **Gross Acres** (All acreage **including** farm roads, buildings, etc.)	_____	_____
❷ **Net Acres** (Physical field acres, Nurseries, **excluding** farm roads, buildings, etc.)	_____	_____
❸ **Crop Acres** (Net Acres multiplied by number of crops per year)	_____	_____
❹ **Number of Irrigation Wells (**State reason for change in number of wells in box below, i.e., abandoned, newly drilled, well went inactive, well re-activated, added or lost adjacent ranch lands:	_____	_____

X_____ X_____ _____ _____
Signature Print Name Date Phone No.

COMPANY: _____
CONTACT: _____
ADDRESS: _____
CITY, STATE ZIP: _____

- ❑ I would like my raw data kept confidential.

Comments:

Agricultural Water Conservation Questionnaire

Please complete the chart below listing the number of acres associated with the general crop types and irrigation methods. Record the sum of all listed acres on the Total Acres line below the chart (do not multiply by number of crops per year).

		IRRIGATION METHOD (NET ACRES)								
The **Total NET Acres** below, must equal your **Net Acres** from page 1	Average number of crops per acre	Furrow Only	Sprinkler/Furrow combination	Hand-move sprinkler only	Solid-set or permanent sprinkler	Sprinkler/Drip Combination	Drip Only	Micro-spray/Micro-sprinklers	Linear-Move (overhead)	Other (specify):
Vegetables										
Field Crops (beans, grain, etc.)										
Berries	1.0									
Grapes	1.0									
Tree Crops	1.0									
Forage Crops (alfalfa, pasture, etc.)										
Others:										
Set-aside (fallow)										
								Total Net Acres: _____		

Results of this irrigation method survey provide valuable and unique information regarding the status of irrigation practices in the various watersheds in Santa Cruz County. The intent is that results from this survey will substantiate that adequate measures have or will be implemented to mitigate the potential impacts of the new or replacement well as required in lieu of environmental review for individual well permits.

Agricultural Water Conservation Questionnaire

Irrigation Best Management Practices (BMPs)

For Current Condition: please indicate whether or not the management practice was implemented and how many acres **(*net acres*)** were affected by the practice.

For After Installation: Please indicate whether or not you intend to implement the management practice and how many acres would be affected by the practice.

For guidelines and definitions of terms, please refer to the attached appendix.

Irrigation Management Practices	Current Condition Yes	No	N/A	Net Acres	**After Installation Yes**	**No**	**N/A**	**Net Acres**
Water Flowmeter(s)	☐	○	△	_____	☐	○	△	_____
Time-clock on pump and/or pressure switch on booster	☐	○	△	_____	☐	○	△	_____
Use of Soil Moisture Sensors (tensiometer or neutron probe)	☐	○	△	_____	☐	○	△	_____
ET Data (CIMIS)	☐	○	△	_____	☐	○	△	_____
Pre-irrigation Reduction (Watering soil prior to planting)	☐	○	△	_____	☐	○	△	_____
Agricultural Mobile Irrigation Lab	☐	○	△	_____	☐	○	△	_____
Irrigation Efficiency Audit List auditor(s): _____ _____	☐	○	△	_____	☐	○	△	_____
Transplants (for crops not normally transplanted)	☐	○	△	_____	☐	○	△	_____
Educational Sessions (Applies to all Net Acres. List sessions attended below.)	☐	○	△	_____	☐	○	△	_____

Please describe:

_____

_____

Reuse of Tailwater or Run-off	☐	○	△	_____	☐	○	△	_____
Recycled Water (PVWMA Recycled Water Project)	☐	○	△	_____	☐	○	△	_____
Land Fallowing (90 days between Apr.1 and Sep.30) or Other Fallow (210 consecutive days) or 12-month set-aside Please state length of fallow:	☐	○	△	_____	☐	○	△	_____

_____

Conservation Program	☐	○	△	_____	☐	O	△	_____

Please list any program or ideas you incorporated that may not be listed above (i.e. PAM, drip germination, furrow dikes, etc.)

_____

_____

_____

_____

	Current Condition				After Installation			
Sprinkler Irrigation System Improvements	**Yes**	**No**	**N/A**	**Net Acres**	**Yes**	**No**	**N/A**	**Net Acres**
Reduced Sprinkler Spacing	☐	○	△	_____	☐	O	△	_____
Sprinkler Improvements (uniform nozzle sizes And/or flow control nozzles)	☐	○	△	_____	☐	O	△	_____
Off-wind Irrigation	☐	○	△	_____	☐	O	△	_____
Leakage Reduction (replacing gaskets)	☐	○	△	_____	☐	O	△	_____
Linear-Move (overhead)	☐	○	△	_____	☐	O	△	_____
Micro Irrigation Systems								
Drip Tape / Hose	☐	○	△	_____	☐	O	△	_____
Pressure Compensating Emitters / Tape (reduce pressure fluctuations along a row)	☐	○	△	_____	☐	O	△	_____
Micro-spray / Micro-sprinklers	☐	○	△	_____	☐	O	△	_____
Surface Irrigation System Improvements								
Surge Flow Irrigation	☐	○	△	_____	☐	O	△	_____
Shorten Field Run (Lessen furrow length or add a manifold line down center of field to cut water run in half)	☐	○	△	_____	☐	O	△	_____
Tailwater Return System	☐	○	△	_____	☐	O	△	_____
Laser Leveling / Major Land Grading	☐	○	△	_____	☐	O	△	_____

Water Conservation Checklist

Required for all non-agricultural wells estimated to use over 2 acre-feet per year non-de minimis

For Current Condition: please indicate whether the management practice was implemented and how many acres **(*net acres*)** were affected by the practice.

For After Installation: Please indicate whether you intend to implement the management practice and how many acres would be affected by the practice.

	Current Condition				After Installation			
General Water Conservation	**Yes**	**No**	**N/A**	**Net Acres**	**Yes**	**No**	**N/A**	**Net Acres**
Well Metered to Check for Leaks? How often will it be read? _____	☐	○	△	_____	☐	○	△	_____
If not metered, describe how leaks will be identified: _____ _____								
Educating Water Users about Conservation (Employees, residents, guests, etc)	☐	○	△	_____	☐	○	△	_____
Indoor Water Conservation (required for wells used for commercial/industrial purposes)								
Faucet Aerators for Sinks	☐	○	△	_____	☐	○	△	_____
Use of Low Flow or Dual-Flush Toilets (1.6 gallons per minute or less)	☐	○	△	_____	☐	○	△	_____
Energy Star/Water Efficient Appliances	☐	○	△	_____	☐	○	△	_____
WaterSense Appliances (Pre-rinse spray valves, faucets, toilets, etc.)	☐	○	△	_____	☐	○	△	_____
CIP System (For brewery cleaning)	☐	○	△	_____	☐	○	△	_____
Low Flow Showerheads (2 gpm or less)	☐	○	△	_____	☐	○	△	_____
Conservation Program	☐	○	△	_____	☐	○	△	_____

Please list any other indoor program or ideas you incorporated that may not be listed above

_____

_____

_____

_____

	Current Condition Yes	No	N/A	Net	After Installation Yes	No	N/A	Net
Outdoor Water Conservation (required for wells used for commercial/industrial purposes)								
Drip Irrigation System	☐	○	△	____	☐	○	△	_____
Use of Native/Water Efficient Plants	☐	○	△	____	☐	○	△	_____
Use of Mulch in Garden(s) or Yard	☐	○	△	____	☐	○	△	_____
Leave Grass Clippings as Compost	☐	○	△	____	☐	○	△	_____
Use of Greywater System for Irrigation	☐	○	△	____	☐	○	△	_____
Use of Rainwater System for Irrigation	☐	○	△	____	☐	○	△	_____
Soil Moisture Sensors	☐	○	△	____	☐	○	△	_____
Soil Cultivation Techniques (Spiking, slicing, etc. of soil to improve water uptake)	☐	○	△	____	☐	○	△	_____
Educational Sessions for Employees (List sessions attended below.)	☐	○	△	____	☐	○	△	_____

Please describe:

_____

_____

Conservation Audit	☐	○	△	____	☐	○	△	_____
List auditor(s): _____				_____				
Conservation Program	☐	○	△	_____	☐	○	△	_____

Please list any program or ideas you incorporated that may not be listed above :

_____

X_____ X_____ _____

Signature Print Name Date Phone No.

COMPANY: _____

CONTACT: _____

ADDRESS: _____

CITY, STATE ZIP: _____

- ❑ I would like my raw data kept confidential.