

_____ (Date)

_____ (Name)

_____ (Address)

_____ (City, State, Zip)

RE: APN _____

I, _____, am the owner of the Assessor Parcel Number _____ located at _____ . I understand that the depth of the sanitary seal on my well under Santa Cruz County Well Permit # _____ does not meet Santa Cruz County Code or California Well Standards. However, due to the limitation of available water on my property, I agree to a reduced sanitary seal of _____ instead of the approved standard 50' sanitary seal.

I have been informed that the well should have an annual bacteriological and chemical testing for water quality. I understand that additional testing should be conducted if the water appears turbid. The recommendation is made to have ongoing treatment to meet State Drinking Water Standards on a continuous basis.

Owner's Signature