

CHECKLIST FOR INDIVIDUAL WATER CLEARANCE

- STOP!!! If the well has not been drilled, then see the Well Construction Checklist or Checklist for the Development of a Spring Box Construction. If the well/spring has been drilled/constructed, then continue with this checklist.
- Complete an application for an Individual Water Clearance for 1 - 4 service connections **on same property** (see attached). *A service connection is per habitable dwelling/commercial structure.*
- Submit the Well Driller's log or Spring Construction details. **Well drillers log must show a minimum 50 ft annular seal or well cannot be used to serve new development.**
- Provide the Well Yield and Pump Test or Spring Flow Test report. *Reports greater than two (2) years will NOT be accepted.*
- Provide the certified laboratory test results for E. coli, total coliform, and Title 22 inorganics (aluminum, arsenic, barium, cadmium, chromium, fluoride, iron, lead, manganese, mercury, nitrate (NO₃), selenium, and silver). **All wells located in the South County area (Morgan Hill, San Martin, and Gilroy) will be required to test for perchlorates.** *Lab results greater than two (2) years will NOT be accepted.*
NOTE: Personnel from a state certified laboratory must come out and collect the water samples. Please provide Well ID# on lab results report.
- Submit the final *stamped* plan of the proposed/existing location of the house, septic/OWTS system and well/spring.
- Provide the vicinity map (e.g. road map) indicating the general location of the well/spring.

PAYMENT INFORMATION:

1. Forms of payment: (NOTE: Review will NOT begin until all fees are paid in full.)
 - a. For applications submitted via email (dehlanduse@deh.sccgov.org), an invoice will be generated and emailed to you for payment online.
 - b. For applications that are submitted in person or via US Mail, checks or money orders can be made payable to: County of Santa Clara – DEH.

PLEASE NOTE: In order for the applicant to obtain water clearance, all physical deficiencies to a water system must be completed prior to approval with the exception of water quality treatment. Examples of physical deficiencies include, but are not limited to, providing a disinfection plug, installing a steel reinforced 4.5x4.5'x4' concrete pad around the well head, providing a weather tight well head seal and any other physical well head issue that must be addressed at the development stage.

INCOMPLETE PACKETS WILL NOT BE ACCEPTED, AND ALL FEES ARE NON-REFUNDABLE



Individual Water CLEARANCE Application Form

PLEASE NOTE: Submit a vicinity map and an initial site plan (scale 1"=20') showing existing and proposed improvements.

Property Owner: _____
 Owner Address: _____ Phone #: _____
 City: _____ State: _____ Zip: _____ Fax#: _____
 E-mail Address: _____

Well/Spring Site Information:

APN: _____ Well Id Number(s): _____
 Well/Spring Address: _____
 Cross Street: _____ City: _____ Zip: _____
 Existing Well(s) Qty? _____ # of Existing Connections _____ Existing Spring(s) Qty? _____
 Waste Water Disposal: Septic Sewer
 Access Restrictions: None Dogs Locked Gates Other: _____

Contact Person (Designer/Architect/Contractor): _____ Same as Well/Spring Owner
 Business Name (if any): _____
 E-mail Address: _____
 Address: _____ Phone #: _____
 City: _____ State _____ Zip _____ Fax #: _____

By signing this application, authorization is granted to agents of the Department of Environmental Health to enter the property during inspection hours (7:30 am – 6:00 pm) to conduct any necessary investigations related to this application. The undersigned certifies under penalty of perjury that the forgoing is true and correct, and understands that all application fees are non-refundable.

Owner/Authorized Agent Signature _____ Print Name _____ Date _____

** Office Use Only **

Comments: _____
 Owner ID: _____ Facility ID: _____ Account ID: _____
 Existing Information:
 ON0: _____ Septic Permit #: _____ Well Permit #: _____ Invoice #: _____
 Name _____ Date _____ Date Paid: _____
 Received By: _____ / ____/____ Amount Paid: \$ _____
 Assigned To: _____ / ____/____ Check #: _____
 Project ID#: **SR0** _____ Program Element(s): _____



DEPARTMENT OF ENVIRONMENTAL HEALTH
DRINKING WATER PROGRAM

1555 Berger Drive • Suite 300 • San Jose CA 95112-2716
Phone (408) 918-3400 • Fax (408) 258-5891

Website: www.ehinfo.org/drinkingwater • Email: dehlanduse@deh.sccgov.org

Well Yield and Pump Test Report

Property Owner Name: _____

APN: _____

Well Address: _____

City/State/Zip: _____

Well ID#: _____

Pump Test Information:

Date of pump test: _____

Meter reading: Begin: _____ End: _____ Total yield: _____ gallons

Time: Begin: _____ End: _____ Continuous pumping hours: _____

Pump rate during test: _____ gpm

Draw down during pumping test: _____ feet

Static water level: _____ feet

Pumping water level: _____ feet

I certify that I performed the pump test and the information provided here is correct to the best of my knowledge:

(Signature)

(Date)

(Name – Please print)

(License/Registration Number)

(Company Name – Please print)

- Licensed Well Drilling Contractor (C-57)
- Licensed Pump/Motor Specialist (C-61)
- Registered Environmental Health Specialist
- Registered Engineer
- Registered Geologist

Note: Section B11-119(a) (4) states the applicant must notify the Senior Environmental Health Specialist at least 24 hours before the beginning of any pump test which is intended to establish source capacity. Contact the Water Program Senior at 408-918-3400 or email: dehlanduse@deh.sccgov.org

Section B11-119 (a) (1) states for each connection to an individual or shared water system where the source of water is a well, a source capacity of 2.5 gpm must be sustained during a 24-hour period of pumping, or until 3600 gallons per proposed connection has been achieved during a time period of 24 hours or less of continuous pumping.

Note: Development proposals related to SB9 will require well yield testing for a minimum of two connections per proposed lot.

Section B11-118 (b) requires that the state certified laboratory test report include the following: total coliform, aluminum, arsenic, barium, cadmium, chromium, fluoride, iron, lead, manganese, mercury, nitrate (as NO₃), selenium and silver.



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Spring Flow Test Report

Property Owner Name: _____

APN: _____

Spring Address: _____

City/State/Zip: _____

GPS Coordinates of Spring Location: _____

Pump Test Information:

Date of pump test: _____

Meter reading: Begin: _____ End: _____ Total yield: _____ gallons

Time: Begin: _____ End: _____ Continuous pumping hours: _____

Average Flow Rate: _____ gpm

I certify that I performed the pump test and the information provided here is correct to the best of my knowledge:

(Signature)

(Date)

(Name – Please print)

(License/Registration Number)

(Company Name – Please print)

- Licensed Well Drilling Contractor (C-57)
- Licensed Pump/Motor Specialist (C-61)
- Registered Environmental Health Specialist
- Registered Engineer
- Registered Geologist

Note: Section B11-119(a) (4) states the applicant must notify the Senior Environmental Health Specialist at least 24 hours before the beginning of any pump test which is intended to establish source capacity. Contact the Water Program Senior at 408-918-3400 or email: dehlanduse@deh.sccgov.org

Section B11-119 (a) (2) states for each connection to an individual or shared water system where the source of water is a spring, a source capacity of 2.5 gpm continuous yield must be sustained during the dry season August through October.

Note: Development proposals related to SB9 will require well yield testing for a minimum of two connections per proposed lot.

Section B11-118 (b) requires that the state certified laboratory test report include the following: total coliform, E. Coli., aluminum, arsenic, barium, cadmium, chromium, fluoride, iron, lead, manganese, mercury, nitrate (as NO₃), selenium and silver.



Water Clearance Online Resources

- **Well Drillers Log Information:**

- Valley Water District Public Records Request:
<https://www.valleywater.org/how-we-operate/public-records>
- Cal Dept. of Water Resources:
<https://water.ca.gov/Programs/Groundwater-Management/Wells/Well-Completion-Reports>

- **Water Quality Labs:**

- Accredited Water Quality Laboratory Locator App:
<https://waterboards.maps.arcgis.com/apps/webappviewer/index.html?id=bd0bd8b42b1944058244337bd2a4ebfa>

- **Frequently Asked Questions:**

https://cpd.sccgov.org/sites/g/files/exjcpb706/files/documents/WP_FAQ_0.pdf

- **Well Driller List:**

https://cpd.sccgov.org/sites/g/files/exjcpb706/files/documents/WP_Well_Driller_List_1.pdf

- **Water Treatment Operator List:**

https://cpd.sccgov.org/sites/g/files/exjcpb706/files/documents/WP_Water_Treatment_Operators_0.pdf