

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 one (1) dwelling connection (see attached). *A connection is per habitable dwelling.*
- Submit the Well Driller's log or Spring Construction details.
- 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.
- 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 (dehweb@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 3'x3'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**



Well Yield and Pump Test Report

Property Owner Name: _____

APN: _____

Well Address: _____

City/State/Zip: _____

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: dehweb@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.

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.



Spring Flow Test Report

Property Owner Name: _____

APN: _____

Spring Address: _____

City/State/Zip: _____

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: dehweb@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.

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.