



## MONTEREY PENINSULA WATER MANAGEMENT DISTRICT

WELL #2

5 HARRIS COURT, BLDG. G POST OFFICE BOX 85 MONTEREY, CA 93942-0085 • (831) 658-5600 FAX (831) 644-9560 • http://www.mpwmd.dst.ca.us

Form IG96-5

| APPLICATION FOR | WATER | <b>DISTRIBUTION</b> | <b>SYSTEM</b> | PERMIT |
|-----------------|-------|---------------------|---------------|--------|
|-----------------|-------|---------------------|---------------|--------|

|   |        | Office Use: Date Application Accepted (signature and payment required)  Application ID Number:  Name and number on check /money order  Date Application Deemed Complete:   |
|---|--------|--|
|   |        | NOTE: Attach additional pages, if necessary, to complete each question.  |
|   | X<br>C | OF PERMIT APPLICATION: (check one)  Create a water distribution system (non-mobile) – please complete Sections 1, 2, and 5  Amend a water distribution system (non-mobile) – please complete Sections 1, 3, and 5  Create or amend a mobile water distribution system – complete Sections 1, 4, and 5  CATION FEES: (must be attached for permit to be accepted; fees are non-refundable)  Create water distribution system – \$1,400 for up to 20 hours staff time *  Amend water distribution system/single-connection system – \$750 for up to 20 hours staff time  Amend water distribution system /multiple-connection system – \$1,400 for up to 20 hours  Create/amend mobile water distribution system – \$750 if source outside District; \$1,400 if  source inside District  * Important Note: For unusually complex projects, a fee of \$70 per hour will be charged for more than  20 hours of staff time, once an application is accepted and issued ID number. |
|   |        | SECTION 1 - APPLICANT INFORMATION  |
|   | 1.     | Name of System CHUGACH & COMPANY # 2   |
| • | 2.     | Assessor's Parcel Number(s) in System 189-111-024  |
|   |        |  |
| 7 | 4.     | Name of Applicant 36 W, GARZAS RD, CARMEL VALLEY 93924  If the applicant is not the system owner or operator, the form must also be signed by the system owner or operator.)   |
|   | 5.     | Mailing Address TIM CONDON FOR CHUCACH & COMPANY   |
| 4 |        | Contact Numbers (ph/fax/e-mail) 659-2361 FAX 659-2913  |
|   |        | Agent (if any)   |

| 8.  | Agent Mailing Address   |
|-----|---|
| 9.  | Agent Contact Numbers (ph/fax/e-mail)   |
| 10. | Source of Water (groundwater, ocean, imported, etc.) GROUND WATER   |
| 11. | Water Production Facility (well, desal, trucking, etc.) WEU   |
| 12. | Attach Map: Include area with parcels to be served and location of water supply facilities  |
|     | ECTION 2 – APPLICATION TO CREATE WATER DISTRIBUTION SYSTEM  |
| 13. | Type of System (check one): Single-connection system – see Form IG96-7 for information requirements Multiple-connection system – see Form IG96-8 for information requirements   |
| 14. | Proposed Uses (check all that apply):  Residential (potable, drinking water) Single-family Multi-family (apartment)  Commercial (potable, drinking water) Business type(s)  Irrigation/live-stock (subpotable)  |
| 15. | Number /Type of Structures (Connections) Served :   |
| 16. | Water Production Anticipated: acre-feet per year (Note: MPWMD staff will fill this in based on information from #13, 14 and 15)   |
| 17. | Reliability of Supply (Wells Only). Please describe and/or attach the following: Location of well (include Assessor's Parcel Numbers of well site, easements) Pump horsepower, pump make, pump type Estimated well yield in gallons per minute (GPM) Well depth, well diameter, perforation depths Static water level (include date measured) Attach well logs and results of well capacity tests (see Form 1G96-7 or 8 for guidance) Attach water quality test results (see Form 1G96-7 or 8 for guidance) Attach copy of approved permit from Monterey County Health Department to construct well |
| 18. | Reliability of Supply (Non-Well). Describe water source and production facilities, including reliable yield and water quality testing performed.  |
| 19. | Interties and Emergency Supply. Please describe the following: Proposed interties to any other water distribution system Measures to prevent cross-contamination of and backflow to other systems Source of emergency water supplies in case of system failure Source of water to meet fire flow requirements Requirements of any other system to provide fire flow or emergency supplies   |

| 20.           | Source of Water Supply. (Check all that apply) (See Form IG96-11 for guidance) Monterey Peninsula Water Resources System Waters within jurisdiction of State Water Resources Control Board (CV alluvial aquifer) Subsurface source within 1,000 feet from Carmel Valley alluvial aquifer Subsurface source within 1,000 feet from Tularcitos, Hitchcock Canyon, Garzas, Robinson Canyon or Potrero Creeks Other sources (describe): |
|---------------|---|
| 21.           | Water Rights Information. Describe and provide documentation regarding: Type of water right claimed (see Form IG96-11 for guidance) Basis of water right claim (see Form IG96-11 for guidance) If assisted by attorney, attach Form IG96-12, Declaration of Competency  |
| 22.           | Land Use/CEQA Information. (See Form IG96-13 for guidance)  Zoning and land-use designations for affected parcels  Status of permit process from jurisdiction planning department, including permits received  Environmental documents prepared by jurisdiction or other lead agency  Formal action taken by lead agency (e.g., Notice of Determination)  Permits required from other agencies (e.g., Coastal Commission, CPUC)     |
| SI<br>23.     | NGLE-CONNECTION SYSTEMS (up to 3 homes on 1 parcel): PROCEED to SECTION 5 (Ref: CEQA Guidelines 15301-15305)  MULTIPLE-CONNECTION SYSTEM APPLICANTS: COMPLETE the ATTACHED "SUPPLEMENTAL QUESTIONNAIRE", THEN PROCEED to SECTION 5  |
| SE            | CTION 3 - APPLICATION TO AMEND A WATER DISTRIBUTION SYSTEM  |
| 24.           | Please refer to Form IG96-10 for guidance.  For an existing water distribution system, describe previous MPWMD permits received, if any, including permit number and date issued  |
| 25.<br> X<br> | Existing System Type: (check one) Single-connection system Multiple-connection system   |
| 26.<br>⊠<br>□ | Existing Uses (check all that apply): Residential (potable, drinking water) Commercial (potable, drinking water) Business type(s)  Irrigation/live-stock (subpotable)  Multi-family (apartment)  Business type(s)   |
| 27.           | Existing number/type of structures (connections): NONE ATTHIS TIME.  Number of acres now irrigated: LAC (Describe crop) MINOR LAND SCAPE, TREES.  Describe existing live-stock (number, type) NONE.   |
| 28.           | Current Water Production Limit: 45   REIGATION acre-feet per year (Note: MPWMD staff will fill this in based on information from #25, 26 and 27 as well as any previous MPWMD permits issued)   |
| 29. 🔻         | Assessor's Parcel Numbers served by existing system 189-111-024   |

| J  | 30.          | Indicate the number of new connections requested, and list Assessor's Parcel Number for each new connection. 2 HOUSES 2GOTEST HOUSES, 2 BARN/IRRICATION — 6  APNS TO BE DETERMINED   |
|----|--------------|--|
|    | 31.          | Indicate the volume of new production requested. 30.526 acre-feet per year   |
|    | 32.          | Provide an estimate of total water production needed to meet the demand of the proposed project. If more than one connection is requested, include calculations showing how increased demand was estimated. 30.976 acre-feet total production with amended system  WATER USE CAUCULATIONS ATTACHED.                |
|    | 33.          | Describe proposed changes in service area, water source or water production/delivery facilities.  WATER TO BE CONVEYED BY 4" PIPELINE FROM EXISTING-WELL   |
| NA | TANK         | ON PROPOSED PARCEL C TOO HIL TO DROPASED PLACE &   |
|    | \$100<br>34. | PAGE FACILITY TO BE INCREASED PER HEACTH + FIRE DEPT. PEQUIEMENTS Describe current status of land use approval for proposed amendment from city or county, and THAT TI attach that jurisdiction's approval of dedicated water allocation, if applicable.  PROPOSED LAND USE IS CONSISTENT WITH ZONING AND LAND USE |
|    |              | DENSITY  |
|    | 35.          | Describe project's compliance with requirements of the California Environmental Quality Act (CEQA), and attach appropriate environmental documentation. <u>COMPLIES WITH C.V. MASTER</u> PLAN AND MONTEREY COUNTY ZENIMB REES.   |
| )  | 36.          | Describe all water rights or water rights claims associated with the project (attach documentation), and describe any proposed modifications to the water rights due to the proposed amendment.  GRANT DEED 15 ATTACHED  |
|    | 37.          | If a permit for the proposed amendment is required from Monterey County Health Department, attach a copy of the application submitted to MCHD. PERMIT, IS NOT AVAILABLE AT 7   |
|    | 38.          | List unique issues or considerations, if any, that may pertain to the proposed amendment.  |
|    | *            | PARCEL AT SOME TIME IN THE FITTIRE WELL TO   |
|    | 39.          | List special conditions, if any, that are proposed for this permit amendment.  NONE KNOWN.   |
|    |              | SYSTEMS with FEWER THAN FOUR HOMES ON ONE PARCEL: GO to SECTION 5 (Ref: CEQA Guidelines 15301-15305)   |

40. SYSTEMS with FOUR OR MORE HOMES MUST COMPLETE the ATTACHED "SUPPLEMENTAL QUESTIONNAIRE", THEN GO to SECTION 5

## SECTION 4 - CREATE OR AMEND MOBILE WATER DISTRIBUTION SYSTEM

See Form IG96-9 for guidance.

(Important Note: Health Department regulations prohibit water delivery for permanent potable supply; applications will be accepted by MPWMD only for subpotable irrigation/live-stock use)

| 41.                | . Address of property(ies) receiving water service(Please provide map)   |  |  |
|--------------------|--|--|--|
| 42.                | . Assessor's Parcel Number(s) of property(ies) receiving water   |  |  |
| 43.                |  |  |  |
| 44.                |  |  |  |
| 45.                | If property is within Cal-Am Water Company service area, describe arrangements made for backflow protection (required)   |  |  |
| 46.                |  |  |  |
| 47.                |  |  |  |
| 48.                |  |  |  |
| 49.                | Is source within MPWMD boundary? Is source within Carmel Valley watershed? Is source within Seaside Basin coastal subareas                                     |  |  |
| 50.                | If any answer to #49 is "yes", please provide map showing of source water  |  |  |
| 51.                | Quantity of water to be delivered acre-feet per year or gallons per year   |  |  |
| 52.                | Reason for Delivery: (check all that apply)  Emergency potable supply/system failure (provide date of emergency  Drought  Supplemental irrigation water  Other |  |  |
| 53.<br>-<br>-<br>- | Duration of Delivery: (Check all that apply) Short-term (describe beginning and ending dates) Seasonal (describe season/months) Permanent                      |  |  |

| 10/5/01  |                                     |
|--|-------------------------------------|
| Dale   |                                     |
| Date   |                                     |
| 10/5/01  |                                     |
| Date   | ,                                   |
| e name(s) of person(s) "who, at a name of those things required of NOON) |                                     |
|  |                                     |
| ZAS RO.,   |                                     |
| LEY, CA 939  | 124                                 |
|  | Date  name(s) of person(s) "who, at |

**SECTION 5, SIGNATURE BLOCK** 

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IlStern, application form with DF/JO review, revised 07/19/2001, 6 pp

## Form IG96-5 Supplement Supplemental Questionnaire for Water Distribution System Application

NOTE: Attach additional pages, if necessary, to complete each question.

- S1. Does this request rely upon an "Environmental Document", as per the California Environmental Quality Act (CEQA)? If so, please specify the type of Environmental Document that was prepared and provide details regarding its preparation (e.g. notice of preparation, notice of completion, and any public hearing dates).
- S2. Has any new information regarding the proposed project, its environmental impacts, the severity of those impacts, mitigations for those impacts, or alternatives become available since the lead agency reviewed the project?
- S3. Will this request have any significant effects on the environment based upon the Environmental Document or other information? If so, describe the effects and the mitigations, if any, that are proposed to minimize those effects.
- S4. Is the source of supply shared by any other water distribution system? Would the addition of the proposed production result in an adverse cumulative impact on the environment?
- S5. Does this request rely on any specific hydrologic, geologic, or other technical study? If so, state the name of the study, the date it was finalized, and the principal author or authors. Attach a copy of each study cited.

  SEE ATTACHED PUMP JE:

  AND WATER QUALITY REPO

S6. Have there been any studies done to determine if an alternative water supply is economically feasible and physically available? If so, please describe the alternatives that were identified and the reasons why they were rejected.

A SEPARATE WELL LOCATED ON PROPOSED

PARCEL B WOULD LIKELY HAVE DRAWN WATER

FROM THE AQUIFER AND WAS DEEMED TO BE

NOT COST EFFECTIVE.

- Will the request cause any possible duplication of service with an existing water S7. distribution system?
- Will the request result in either exportation of water outside of or importation of water into **S8.** the Monterey Peninsula Water Management District? If so, please specify the quantities that would be either exported or imported.
- Will the request create or increase an overdraft of ground water, or cause a degradation S9. in water quality due to sea-water intrusion or some other type of contamination? No.
- Will this request adversely affect the ability of existing water distribution systems and S10. individual users to produce water?
- If the request is for an annexation of new territory into an existing water distribution S11. system service area, is the property to be annexed surrounded by, or adjacent to other properties in the service area? A

I declare under penalty of perjury that the information in this questionnaire and on accompanying attachments is correct to the best of my knowledge and belief.

Signature of Applicant; please print name below

CONDON CAUGACH & COMPANY

Note: The applicant may attach written findings for the Board to review and consider to support the action requested.