

**MONTEREY PENINSULA  
WATER MANAGEMENT DISTRICT**

5 HARRIS COURT, BLDG. G • P.O. BOX 85 • MONTEREY, CA 93942 • (831) 658-5601 • FAX (831) 644-9558

**RESIDENTIAL INSPECTION REPORT**

Conservation:  Change of Title  Re-inspection - Permits:  Pre-Inspection  New Construction  Demo/Credits

Previous inspection date: 2/06  Remodel/Addition  Re-inspection

PROPERTY ADDRESS: 802 17 MILE DRIVE

CITY: PACIFIC GROVE NUMBER OF BATHROOMS: FULL 11 1/2

ASSESSOR-S PARCEL NUMBER: 006 - 611 - 034 TRANSFER DATE: \_\_\_\_\_

OWNER-S NAME: CRAIG B S PERMIT # \_\_\_\_\_

PERSON CONTACTED: JEANNIE PHONE: \_\_\_\_\_

This form certifies that an inspection was conducted at the above address. At the time of the inspection, the property  WAS  WAS NOT found to be in compliance with MPWMD conservation standards and/or with MPWMD Water Permit # \_\_\_\_\_. Conservation standards are listed in Regulation 14 of the District Rules and Regulations and are summarized on the back of this form. *(Permit requirements specific to this property are on file at the District office.)*

YEAR OF CONSTRUCTION: 1940s NO. OF BEDROOMS: 2 APPROX. SQUARE FEET: 1500

*Any discrepancies on fixture counts must be reported and cleared or appealed within 21 days of inspection date.*

**WATER FIXTURE INVENTORY:**

Name of fixture	Fixture Count	Fixture Value	Fixture Credit
Wash basin		x 1.0 unit each	=
2 <sup>nd</sup> wash basin Master bath		x ___ unit each	=
Toilet, 1.6 gallon per flush <u>MANSAS</u>		x 1.7 units each	=
Toilet, 1.0 gallon per flush		x 1.3 units each	=
Toilet, 1/2 gallon per flush		x 1.0 units each	=
Toilet, Non-ultra low flow		x 1.7 units each	=
Large bathtub (over 55 gal.)		x 3.0 units each	=
Master bathtub		x ___ units each	=
Master bath separate shower stall		x ___ units each	=
Standard tub (with or without showerhead)		x 2.0 units each	=
Shower stall with one head		x 2.0 units each	=
Additional showerhead*		x 2.0 units each	=
Kitchen sink/dishwasher (DW) <u>MAYTAG</u>		x 2.0 units each	=
Kitchen sink/ultra-low consumption DW		x 1.5 units each	=
Dishwasher additional (type)		x 2.0 units each	=
Laundry or Utility sink (1 per residential site)		x 2.0 units each	=
Washing machine (WM) <u>FIXTURE</u>		x 2.0 units each	=
Ultra low consumption WM		x	=
Bidet		x 2.0 units each	=
Bar sink or vegetable sink		x 1.0 units each	=
Instant-access hot water system	<u>N/A</u>	x	=
Swimming pool (surface area)		x	=
Other: <u>1 WATER SPIGOT CENTER</u>		x	=
Other: <u>OF LOT ADJACENT TO HOUSE</u>		x	=
<u>EMPTY LOT</u>			=
Total Credits			

*To calculate fixture credit: use fixture count x fixture value to assess total fixture credit available.*

\*Maximum credit of four (4) fixture units are available for multiple showerheads, but permit is required for installation.

Note: No water credits are available for exterior water fixtures, multiple utility sinks, and multiple showerhead installations. (Pursuant to District Rule 24.)

Cistern Information: \_\_\_\_\_ Gallon storage capacity: \_\_\_\_\_

Inspector-s Notes: PLEASE PROVIDE CLEAR AND CONVINCING EVIDENCE OF HISTORICAL LANDSCAPING AND IRRIGATION PRIOR TO 1985, FOR APN 006-611-035. 1 FAUCET/SPIGOT NOTED IN CENTER (OF VACANT AREA OF LOT ADJACENT TO HOUSE. (W.B. IN SUN ROOM.)

The following items WERE NOT in compliance (see back of form):

<input type="checkbox"/> Showerheads	<input type="checkbox"/> Faucet Aerators	<input type="checkbox"/> Hot Water System	<input type="checkbox"/> Toilets
<input type="checkbox"/> Landscape Irrigation	<input type="checkbox"/> Signage Requirements (Commercial properties)	<input type="checkbox"/> Other	

**ACTION REQUIRED**

Items not in compliance must be corrected within \_\_\_\_\_ days or by close of escrow, **whichever is sooner.**

**Re-inspection required.** Please call 658-5601 to schedule.

Itemized receipts or (other) \_\_\_\_\_ mail to P.O. Box 85, Monterey, CA 93942 or fax to 644-9558.

Water Release Form & Permit Application Form is required from (jurisdiction) \_\_\_\_\_

Fees are due. (Please call District for amount.) \_\_\_\_\_

Other \_\_\_\_\_

J. B. [Signature] Date \_\_\_\_\_ Michael Bolls MPWMD Representative Date 5-11-06

See Important Terms and Conditions on back of form.









