



**MONTEREY PENINSULA WATER MANAGEMENT DISTRICT**

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

**PERMIT APPLICATION TO CREATE NEW or AMEND EXISTING  
 WATER DISTRIBUTION SYSTEM**

Office Use Only	
Pre-Application Name/Date	_____
Application ID Number	_____
Date Application Accepted	_____
Date Application Deemed Complete	_____

**FEE AMOUNT-** The application fee must be paid concurrently with permit application. The fee amount varies depending upon the level of review required:

- Level 2 Permit Fee: \$2,100 for up to 30 hours of staff time
- Level 3 or Level 4 Permit Fee: \$2,800 for up to 40 hours staff time

**FEE RULES-** For more complex projects where staff time exceeds the number of pre-paid hours of staff time, a fee of \$70 per hour will be charged. See Rule 60 for complete fee information.

**CONFIRMATION OF PERMIT REVIEW LEVEL -** The permit review level required for this application is based upon a preliminary evaluation of basic information provided in the Pre-Application Form. During the review of this application, staff will confirm the review level. If it is determined that a higher or lower level of review is required, the applicant will be notified, and the higher or lower fee will be required or refunded.

**SECTION 1 -- APPLICANT INFORMATION**

1. Name of System MONTEREY BAY SHORES ECOSYSTEM WATER SYSTEM
2. Assessor's Parcel Number(s) in System 011-501-014, 011-501-004 ("MBSEWS")
3. System Street Address/Area CALIFORNIA AVE @ HWY 1
4. Name of Applicant SECURITY NATIONAL GUARANTY, INC ("SNG")  
(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 505 MONTGOMERY ST., STE 1150, SAN FRANCISCO CA 94111
6. Contact Numbers (ph/fax/e-mail) 415-874-3121, f 415-874-3172
7. Agent (if any) sng@equusassetmanagement.com
8. Agent Mailing Address \_\_\_\_\_
9. Agent Contact Numbers (ph/fax/e-mail) \_\_\_\_\_

**SECTION 2 -- WATER DISTRIBUTION SYSTEM INFORMATION**

*NOTE: Please attach additional pages, if necessary, to complete each question.*

10. **Attach Map** (8 1/2 x 11 or larger): Show the parcels to be served and the approximate location of the wells(s), easements and/or water supply facilities. *See Attachment 1*
11. **Water Source Information.** Complete the table below by describing both the existing and proposed water source(s) to supply the proposed water system:

Source and System Information	Existing (list/describe)	Proposed (list/describe)
A. Water Source (groundwater, surface water, reclaimed, desalination, etc.)	<i>POTWELL 149 Ac-ft Seaside Basin Adjudication Judgement 3-27-06 #</i>	<i>Seaside Basin Wells operated by Cal-Am **</i>
B. Cal-Am water service (is parcel in service area? Has active service?)	<i>011-501-014 YES, No 011-501-004 No, No</i>	<i>Cal-Am Service/Operator</i>
C. Total number of wells with MPWMD and County permits	<i>1</i>	<i>1</i>
D. Water system infrastructure (list major system components, e.g.; tanks, treatment, backflow, meters, etc.)	<i>See Attached VTM</i>	<i>See Attached VTM</i>
Other relevant information, comments or expansion on answers above:		
<i>See Attachment 3, Vesting Tentative Map ("VTM")</i>		
<i>* Attachment 2</i>		
<i>** See Attachment 4 for additional description &amp; information and Option 2.</i>		

12. **Interties and Emergency Supply.** Please check appropriate box for items A through F below. For all "yes" responses use the space provided to describe the item and list associated attachments, if any.

- A. Is there an emergency water supply in case of system failure?  Yes  No  N/A
- B. Will the system intertie to any other water distribution system?  Yes  No  N/A
- C. Has the other water system approved the intertie?  Yes  No  N/A
- D. Has a backflow device to prevent cross-contamination been installed?  Yes  No  N/A
- E. Must the local Fire Department approve this water system?  Yes  No  N/A

F. What is the source of water for Fire Protection? *Cal-Am System See second source.*

Description of "yes" responses:

*Existing Cal-Am System supplies all preventative measures described above.*

13. **Water Rights Information.** For systems utilizing wells located within the Carmel Valley Alluvial Aquifer (CVAA), applicants are encouraged, but not required, to obtain a "Water Rights Confirmation" letter from the District prior to the submittal of this application. For systems utilizing wells outside the CVAA, complete item "A" only. *N/A*

- A. Water Rights Outside of CVAA. Attach a copy of the deed showing ownership of property (overlying rights to percolating groundwater is assumed). *See Attached Judgment 3-27-06*
- B. If within CVAA, has a "Water Rights Confirmation Letter" been issued by the District? *Attachment 2*  
 Yes  No  N/A  
 If "Yes," state date of letter and attach a copy to this application \_\_\_\_\_  
 If "No," complete questions C, D and E below.
- C. Basis of water right claimed (*see Form IG96-11 for guidance*)  
 Riparian (invalid for 2+ parcels unless same owner)  
 Pre-1914  
 SWRCB domestic registration  
 SWRCB appropriative permit  
 Other (specify) *225 ac-ft historical use, 149 ac-ft per Court Order 3-27-06 Cal-Am vs City of Seaside et al*
- D. If assisted by attorney, attach Form IG96-12, Declaration of Competency *MPWMD has examples on file for review*
- E. Attach supporting water rights documentation. *see Attachment 2, Seaside Basin Adjudication Decision (Judgment 3-27-06)*

14. **Water Quality Information.** For wells that will provide potable (drinking) water to one or more connections, water quality information is required prior to further processing of this application.
- Irrigation/agricultural use only (non-potable use only). *No water quality analysis required.*
- 1 connection- Please attach water quality test results for "general mineral, general physical, inorganics" + coliform (described in Title 22, Chapter 15) *Cal-Am Water System Attachment 5*
- 2+ connections- Please attach water quality test results as required by Monterey Co. Health
15. **Water Use.** Complete the table below by describing both the existing and proposed uses to be served by the proposed water system:

Use and Demand Information	Existing (list/describe)	Proposed (list/describe)
A. Residential service (potable, drinking water); includes standard landscaping. List all separate structures/units served and if they include kitchen.)		<i>See Verifying Tentative Map, TM-03 Commercial/Residential</i>
B. Commercial service (potable, drinking water; # of non-fire meters)		
C. Industrial service (potable or non-potable; # of non-fire meters)		
D. Total number of structures served		
E. Addl. Landscaping (non-potable)	acres	acres
F. Pool or Pond (non-potable)	Sq. ft.	Sq. ft.
G. Irrigation/agriculture (non-potable) Describe crop(s) and other agric. use	acres	acres
H. Live-stock (non-potable)	head	head
I. Other		↓
J. Total number of parcels served	1	1
K. Total acreage served (all parcels)	39.20 acres	39.20 acres
L. Estimated water use. (Worksheets are available; show how calculated.)	149 acre-feet per year	90 <sup>+</sup> acre-feet per year
Other relevant information, comments or expansion on answers above ( <i>you may add extra sheets</i> ):		
<i>* Applicant is receiving 90 ac-ft for MBS EWS under Water Distribution Permit See Attachment 4</i>		
<i>See Project Description in Attachment 6 (Addendum FEIR-F/06)</i>		
<i>See MBS Booklet Attachment 12</i>		

*substitute page  
9/30/2008 via email  
from applicant*

16. **Well Source and Pumping Impact Assessments.** Most systems using groundwater wells will be required to submit a *Well Source and Pumping Impact Assessment* with this formal application. Please complete the items below to confirm the name and contents of the Assessments.

Title, date, and preparer's name of Assessment: See Cal-Am Water System  
See Attachment 5

The following required items are typically included within all Assessments. Please check all boxes to confirm that the items have been included either in the Assessment or as separate attachments to this application.

- Well logs (State DWR "Well Completion Report")
- Results of well capacity/pumping tests (*Hydrologist should follow MPWMD procedures*)
- Copy of approved Well Construction Permit from Monterey County Health Department
- Pump horsepower, pump make, pump type
- Water quality analysis (for potable uses only)

Comments: See Cal-Am Water System for above information  
and description. See Attachment 5

17. **Reliability of Supply (Non-Well).** For sources of supply other than groundwater wells, describe water source and production facilities, including reliable yield and water quality testing performed. Attach and list associated information, if any.

See Attachment 5

18. **Land Use/CEQA Information.** Please complete all applicable items below.

A. Zoning and land-use designations for parcels served (available from Monterey County or City)

See VIM TM-03 for description / FEIR & Draft Addendum FEIR 10/98 & EIR

B. Permits and approvals required or received from other agencies (e.g., Planning Department, Building Department, Health Department, Coastal Commission, CPUC). Include file numbers and resolution numbers used by the agencies.

Sand City Permits, Coastal Development Permit - Pending Coastal Commission  
See Attachment 7

C. Recent or pending subdivisions to be served by the proposed water system. Include file numbers and resolution numbers used by the agencies.

See Draft Addendum to FEIR 8/98

D. Environmental documents prepared by jurisdiction or other lead agency

See FEIR & Draft Addendum to FEIR 8/98 Attachment 6

E. Status of lead agency CEQA actions. Provide date of formal action (e.g., Notice of Determination, Neg. Dec., EIR, etc.) Include agency file numbers and resolution numbers.

FEIR Certified by Sand City 11/98, Addendum FEIR pending  
See Attachment 6

19. **MPWMD Permits**

Describe and list previous MPWMD permits received, if any, including permit number and date issued. Include existing well meter information, if applicable. N/A

20. List unique issues, considerations and/or special conditions, if any, which may pertain to the proposed water system.

See Attachment 4  
See Attachment 13 - water chapter for specific details

**SECTION 3- SIGNATURES, RESPONSIBLE PARTIES AND ATTACHMENTS**

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

SECURITY NATIONAL GUARANTEE, INC.  
[Signature] ED GRANDOUR 9/12/08  
 Signature of Applicant (Please sign and print name) Date

Signature of Agent (Please sign and print name) Date

see next page

Signature of System Owner/Operator (required) Date  
 (Please sign and print name)

**Responsible Party(ies).** Pursuant to MPWMD Rule 22-C, please provide name(s) and address(es) of person(s) "who, at all times, will be available and legally responsible for the proper performance of those things required of a permit holder by this ordinance."

Name(s): ED GRANDOUR  
CRAIG ANTHONY / KENT TURNER, CALIFORNIA AMERICAN WATER

Address(es) 505 MONTGOMERY ST, STE 1150 SAN FRANCISCO CA 94111  
CRAIG ANTHONY / KENT TURNER CAL-AM WATER

**Attachments.** Please list all attachments, including maps, included with this Application Form

- Attachment 1: Parcels to be served
- Attachment 2: Seaside Basin Adjudication Judgment 3-27-06
- Attachment 3: Map, TM-01, TM-02, TM-03
- Attachment 4: Additional Description
- Attachment 5: Well Tests CAL-AM (PCA Well Tests - Backup)
- Attachment 6: FEIR, 11/98, Draft Addendum FEIR 8/08 (Submitted previously)
- Attachment 7: Sand City Permits
- Attachment 8: Coastal Commission letter vacating its 12/2005 Decision (overturning Denial)
- Attachment 9: \* PCA Well Tests - Backup
- Attachment 10: Sample Operations & Maintenance Contract
- Attachment 11: Sample Lease Agreement
- Attachment 12: Monterey Bay Shore Ecoreport 90 pages booklet (see Water Treatment & Conservation)

**SECTION 3- SIGNATURES, RESPONSIBLE PARTIES AND ATTACHMENTS**

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

CALIFORNIA AMERICAN WATER

Cheryl Anthony  
Signature of Applicant (Please sign and print name)

9/12/08  
Date

\_\_\_\_\_  
Signature of Agent (Please sign and print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of System Owner/Operator (required)  
(Please sign and print name)

\_\_\_\_\_  
Date

**Responsible Party(ies).** Pursuant to MPWMD Rule 22-C, please provide name(s) and address(es) of person(s) "who, at all times, will be available and legally responsible for the proper performance of those things required of a permit holder by this ordinance."

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Address(es) \_\_\_\_\_  
\_\_\_\_\_

- Attachments.** Please list all attachments, including maps, included with this Application Form
- Attachment : \_\_\_\_\_
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