#### **EXHIBIT 19-A**



### 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

## HAND DELIVERED

JAN Z U 2009

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

	Office Use Only 7/30/2008 "garden Road"
	Pre-Application Name/Date none Submitted
	Application ID Number 2009 0/20 nm C
	Date Application Accepted 1/20/2009
	Date Application Deemed Complete
•	
	AMOUNT- The application fee must be paid concurrently with permit application. The fee amount 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
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	RULES- For more complex projects where staff time exceeds the number of pre-paid hours of staff time, if \$70 per hour will be charged. See Rule 60 for complete fee information.
CONF	FIRMATION OF PERMIT REVIEW LEVEL - The permit review level required for this application
	d upon a preliminary evaluation of basic information provided in the Pre-Application Form. During the
_	of this application, staff will confirm the review level. If it is determined that a higher or lower level of
	is required, the applicant will be notified, and the higher or lower fee will be required or refunded.
1041CM	is required, the applicant win or notified, and the higher of lower fee win or required of retunded.
	SECTION 1 APPLICANT INFORMATION
,	SECTION 1 ATTLICANT INFORMATION
1.	Name of System DMC Construction Inc. WDS
2.	Assessor's Parcel Number(s) in System 013-321-004
3.	System Street Address/Area 2611 Garden Road, Monterey
4.	Name of Applicant Dan McAweeney
	(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 2611 Garden Road, Monterey, CA 93942 93940
ma	contact Numbers (ph/fax/e-mail)656-1600/danmcaweeney@dmcconstruction.com
6.	Contact Numbers (ph/fax/e-mail)656-1600/danmcaweeney@dmcconstruction.com
7.	Agent (ifany) Bierman Hydrogeologic
8.	Agent Mailing Address 3153 Redwood Drive, Aptos, California 95003
9.	Agent Contact Numbers (ph/fax/e-mail) (831) 334-2237/708-2309
	abierman@comcast.net

#### SECTION 2 - WATER DISTRIBUTION SYSTEM INFORMATION

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

- 10. Attach Map (8 ½ 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 BHGL report dated 1/16/09
- 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.)	Cal-Am / Groundwater Well	Groundwater Well			
B. Cal-Am water service (is parcel in service area? Has active service?	Yes / Yes	Yes / Cal-Am to remain serving irrigation			
C. Total number of wells with MPWMD and County permits	One ·	One			
D. Water system infrastructure (list major system components, e.g.; tanks,	NA	1, 5,000 gal. poly tank with Ozone, exiting to booster pump & pressure system to water softener, RO unit, pH neturalizer			
treatment, backflow, meters, etc.) then to distribution.					
Other relevant information, comments or expansion on answers above:					
Ozone to reduce manganese, and RO to reduce EC and TDS.					

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.

Α.	Is there an emergency water supply in case of system failure?	Ø Yes		□ N/A
B.	Will the system intertie to any other water distribution system?	□ Yeş	ĭ No	□ N/A
C.	Has the other water system approved the intertie?	□ Yes	п Ио	⊠ N/A
D.	Has a backflow device to prevent cross-contamination been installed	? 🛮 Yes		o N/A
E.	Must the local Fire Department approve this water system?	ĭ Yes	□ №	
F.	What is the source of water for Fire Protection? Recommend Cal-AM.	See resp	onse to	o "E" below
Des	scription of "yes" responses: A. One, 5,000 gallons storage tank.			
D.	Check Valve installed at top of pump. Foot valve in Pump.			
E. 1	BHGL recommends Cal-Am to provide fire protection service, Clien	t to obta	ain let	ter from
Cal	-Am for fire service as well as obtain approval with local Fire	Departmen	nt.	

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.

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A. Water Rights Outside of CVAA. Attach a copy of the deed showing ownership of property (overlying rights to percolating groundwater is assumed).
B. If within CVAA, has a "Water Rights Confirmation Letter" been issued by the District?
Yes $\square$ No $\square$ 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)
D. If assisted by attorney, attach Form IG90-12, Declaration of Competency
E. Attach supporting water rights documentation. (MPWMD has examples on file for review)
2. Tenden supporting water rights documentations (1911 WIND has examples on file for review)
14 N Water Quality Information For wells that will provide notable (diality)
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.
I connection- Please attach water quality test results for "general mineral, general physical,
inorganics" + coliform (described in Title 22, Chapter 15)
2+ connections- Please attach water quality test results as required by Monterey Co. Health
See BHGL report dated 1/16/09
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15. Water Use. Complete the table below by describing <u>both the existing and proposed</u> 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.)	NA		Potable & Non-potable Service for APN 009		
B. Commercial service (potable, drinking water; # of non-fire meters)	Cal-AM /1 meter		Ő		
C. Industrial service (potable or non- potable; # of non-fire meters)	O		0		
D. Total number of structures served	1		1; 22.1 fixtures		
E. Addl. Landscaping (non-potable)		0.4 acres	(0.67 af/yr) 0.5	6 acres	
F Pool or Pond (non-potable)	NA	Sq. ft.	0	Sq. ft	
G. Irrigation/agriculture (non-potable)	0	acres	0	acres	
Describe crop(s) and other agric. use					
H. Live-stock (non-potable)	. 0	head	0	head	
I. Other	· 0		0		
J. Total number of parcels served	One		One	7	
K. Total acreage served (all parcels)	(2.50)0.44	acres	(2.50) 0.443	acres	
L. Estimated water use. (Worksheets are available; show how calculated.)	1.06* acre-fé	2.79 acre-feet	per year		
Other relevant information, comments or expansion on answers above (you may add extra sheets):					
* Like System Annual Consumptive Use - Appendix B of BHGL rpt.					

	Please complete the items below to confirm the name and contents of the Assessments.  Z Title, date, and preparer's name of Assessment: 72-Hour Constant Rate Well Pumping, Aquifer
	Recovery Test & Pumping Impact Assessment for the DMC Construction Well, APN 013-321-004, 1/16/09, By Bierman Hydrogeo
Append	
7.	Reliability of Supply (Non-Well). For sources of supply other than groundwater wells, descriwater source and production facilities, including reliable yield and water quality testing performed Attach and list associated information, if any.
8.	<ul> <li>Land Use/CEQA Information. Please complete all applicable items below.</li> <li>A. Zoning and land-use designations for parcels served (available from Monterey County or Cit I-R-130</li> <li>B. Permits and approvals required or received from other agencies (e.g., Planning Department Building Department, Health Department, Coastal Commission, CPUC). Include file number and resolution numbers used by the agencies.</li> </ul>
	C. Recent or pending subdivisions to be served by the proposed water system. Include file number and resolution numbers used by the agencies.  None
	D. Environmental documents prepared by jurisdiction or other lead agency
:	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 number Exempt: MITIGATED NEGATIVE DEC. TO NEGATIVE DEC.
	CITY OF MONTEREY COMMITTEE MEETING DATED, 10/14/08, MPWMD Permits
· •	Describe and list previous MPWMD permits received, if any, including permit number and da issued. Include existing well meter information, if applicable.
0.	List unique issues, considerations and/or special conditions, if any, which may pertain to the proposed water system. Manganese, TDS, & EC concentration will need be reduced to meet State Drinking Water Standards.

# SECTION 3- SIGNATURES, RESPOSIBLE PARTIES AND ATTACHMENTS

I declare und	er penalty of perjur	y that the information	in this application	n and on accompanying
attachments i	s correct and accurat	e to the best of my know	vledge and belief.	•
1/10.				•
Mm	aweny D	an McAweeney	. [	120/09 Date
Signature of A	pplicant (Please sign	and print name)		Date
$v_{\Lambda}$				
A 9				
-		Aaron Bierman	/	-20.09 Date
Signature of A	gent (Please sign and	print name)		Date
	$\mathcal{L}$		·	
1 Han	Mulene I	Dan McAweeney		
	uncency 1	Dan McAweeney		/20/09
Signature of S	ystem Owner/Operator	(required)		Date
(Please sign an	d print name)	•		
•				
things required	of a permit holder by  Pau J. M.	this ordinance."	oonside for the pro	oper performance of those
Address(es)	2611 Garden	a Road Hos	Yeven CA	93940
	1003 Ocean	- Road Pebs	le Black	CA 93953
_				•
•		•		•
		ents, including maps, including the Level III WDS Permit		lication Form
		erman Hydrogeologic Repo		ction Well, 1/16/09.
Attachment#3:	MPWMD Supplemental Q	uestionnaire for WDS App	olication.	
Attachment <u>#4</u> :	MPWMD Water Well Reg	istration Form for "Acti	ve" Well Status.	
Attachment#5:	Copy of Deed of Owner	rship of Plot.	KISIA MITTATENEN NE	C. Det
Attachment #6:	Copy of Letter from	City of Monterey indicat	ing "Exemption" s	d. Dec. tatus for project.
Attachment:				
Attachment :	•			
Attachment :				
•	,	•		

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#### JAN 2 U 2009

## Supplemental Questionnaire for Water Distribution System Application

SYSTEM NAME: DMC Construction, Inc. WDS APN: 013-321-004

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

An electronic version of expanded answers may be requested.

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 (or will be prepared) and provide details regarding its preparation (e.g. notice of preparation, notice of completion, and any public hearing dates). Indicate CEQA lead agency. No

CITY OF MONTEREY RECOMMENDATION FOR NEGATIVE DECLARATION DATED 10/14/08 - ATTACHED.

- 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?

  No
- 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.

Yes, 72-Hour Constant Rate Well Pumping; Aquifer Recovery Test & Pumping Impact Assessment for DMC Construction Well, APN: 013-321-004, dated 1/16/09, by A.Bierman of Bierman Hydrogeologic.

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.

Cal-Am is economically feasible, although Cal-Am not available.

- S7. Will the request cause any possible duplication of service with an existing water distribution system? Explain why the duplication of service is necessary.

  No
- Will the request result in either exportation of water outside of or importation of water into the Monterey Peninsula Water Management District? If so, please specify the quantities that would be either exported or imported.
- S9. Will the request create or increase an overdraft of ground water, or cause a degradation in water quality due to sea-water intrusion or some other type of contamination?

  No
- S10. Will this request adversely affect the ability of existing water distribution systems and individual users to produce water?
- S11. If the request is for an annexation of new territory into an existing water distribution system service area, is the property to be annexed surrounded by, or adjacent to other properties in the service area?

No.

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

Date/Location

Note: The applicant may submit written Findings, with evidence for each Finding, for District Board consideration; please contact MPWMD staff re: proper format.

M'- Aweeney