

EXHIBIT 15-A

17	Is this a Mobile WDS?	YES or <input checked="" type="radio"/> NO If yes, go to Row 50
18	Is this a water well?	YES or <input checked="" type="radio"/> NO If no, go to Row 21
19	MCEHB ¹ Permit # and issuance date	(One for each well) N/A
20	DWR Well Completion Report # and date	(One for each well) N/A
21	Within MPWRS ² ?	<input checked="" type="radio"/> YES or NO. Consult with District staff if unsure; see definition in footnote
22	>1,000 ft. MPWRS?	YES or NO. Consult with District staff if unsure. See Section 4.0 of 2014 Implementation Guidelines.
23	≤1,000 ft. MPWRS?	YES or NO. Consult with District staff if unsure. Staff will assess well log re. potential impacts; additional testing may be required. See Section 4.2 of 2014 Implementation Guidelines.
24	Seaside Basin source?	<input checked="" type="radio"/> YES or NO If yes, Adjudication documentation and/or approval from Watermaster are required. See Section 5.0 of 2014 Implementation Guidelines See prior District appeal
25	CV Alluvium source?	<input checked="" type="radio"/> YES or NO If yes, water rights documentation is required. See Section 6.0 of 2014 Implementation Guidelines. District staff will confirm if alluvial.
26	Fractured rock spring or seep?	YES or <input checked="" type="radio"/> NO If yes, state if onsite or offsite use, and if potable (drinking water) or non-potable use. See Section 7.0 of 2014 Implementation Guidelines
27	River/tributary direct diversion?	YES or <input checked="" type="radio"/> NO If yes, water rights documentation is required. See Section 7.0 of 2014 Implementation Guidelines. Describe system
28	Dam/reservoir?	YES or <input checked="" type="radio"/> NO If yes, water rights documentation and EIR is required. See Section 7.0 of 2014 Implementation Guidelines
29	Desal plant?	YES or <input checked="" type="radio"/> NO If yes, describe facilities, annual production and recipients. EIR required. See Section 7.0 of 2014 Implementation Guidelines
30	Reclamation plant?	YES or <input checked="" type="radio"/> NO If yes, describe facilities, annual production and recipients. EIR required. See Section 7.0 of 2014 Implementation Guidelines
31	Rainwater harvest + offsite delivery?	YES or <input checked="" type="radio"/> NO If yes, describe. See Section 7.0 of 2014 Implementation Guidelines
32	Other water systems?	YES or <input checked="" type="radio"/> NO Describe. See Section 7.0 of 2014 Implementation Guidelines
33	Estimated production	Unit is acre-feet per year (AFY). See Section 2.9 of 2014 Implementation Guidelines. 3.17 acre feet
34	Total acreage served	(Break out acreage of each parcel served)
35	Type of water use?	(e.g., drinking water, irrigation only) office use
36	Type of land use?	(e.g., residential, commercial, agriculture) institutional (CHOMP)
37	New subdivision?	YES or <input checked="" type="radio"/> NO. CEQA document from lead agency is required
38	In CAW ³ service area?	<input checked="" type="radio"/> YES or NO.
39	Active CAW service?	What is currently served by Cal-Am on the property (e.g., home or business)? vacant.
40	What is Zoning?	

¹ MCEHB - Monterey County Environmental Health Bureau

² MPWRS - Monterey Peninsula Water Resource System (i.e., Carmel Valley Alluvial Aquifer, Carmel River/tributaries, and Seaside Basin)

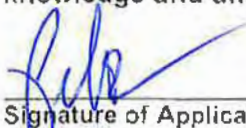
³ CAW - California American Water Company

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41	Environmental information	Describe CEQA documentation and Lead Agency, if applicable Mitigated Negative Declaration, City of Monterey
50	Is Mobile WDS source within MPWMD?	YES or <u>NO</u> If yes, describe source and location. See Rows 21 - 32 for possibilities.
51	Is water source outside MPWMD?	YES or <u>NO</u> If yes, describe source and location.
52	Source agency and approval	If outside MPWMD, identify source agency with authority. Attach written documentation that the source water may be exported to serve applicant. N/A
53	Describe intended use (long-term)	Mobile WDS may only be non-potable (e.g., irrigation, pools only) unless an emergency. N/A
54	# parcels served?	Use Request for Exemption form if service is to 3 or fewer parcels from a source outside MPWMD. N/A
55	Emergency drinking water service?	YES or <u>NO</u> If yes, describe situation
60	Other relevant information or unique considerations?	Refer to Question #. Attach explanatory sheets as needed. See attached
ATTACHMENTS		
A1	Parcel Maps	
A2	MCEHB permit(s)	N/A
A3	DWR well log(s)	N/A
A4	Well registration forms	N/A
A5	Well meter sign-offs	N/A
A6	Grant deed	N/A
A7	Water rights docs.	N/A
A8	Environmental docs.	N/A
A9	Mobile WDS approval	N/A
A10	Application fee (check)	
A11	Other	

This Request for Exemption must be signed by the person who is identified in a recorded Deed as the owner of the parcel on which the well or other water producing facility is located. If multiple owners, at least two must sign.

Under penalty of perjury, I verify that the above information is accurate to the best of my knowledge and understanding.


Signature of Applicant/System Owner

5/29/15
Date

Printed name of Applicant: Peter Taormina

Signature of Applicant/System Owner

Date

Printed name of Applicant: _____

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Under penalty of perjury, I verify that the above information is accurate to the best of my knowledge and understanding.

Signature of Applicant/System Owner

7/11/15
Date

Printed name of Applicant: ERIC SAROLISCE

Signature of Applicant/System Owner

Printed name of Applicant

Date

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Attachment

The purpose of this application is to amend condition ¹³ ~~X~~ of the Ryan Ranch subunit of the California American Water Company Water Distribution System.

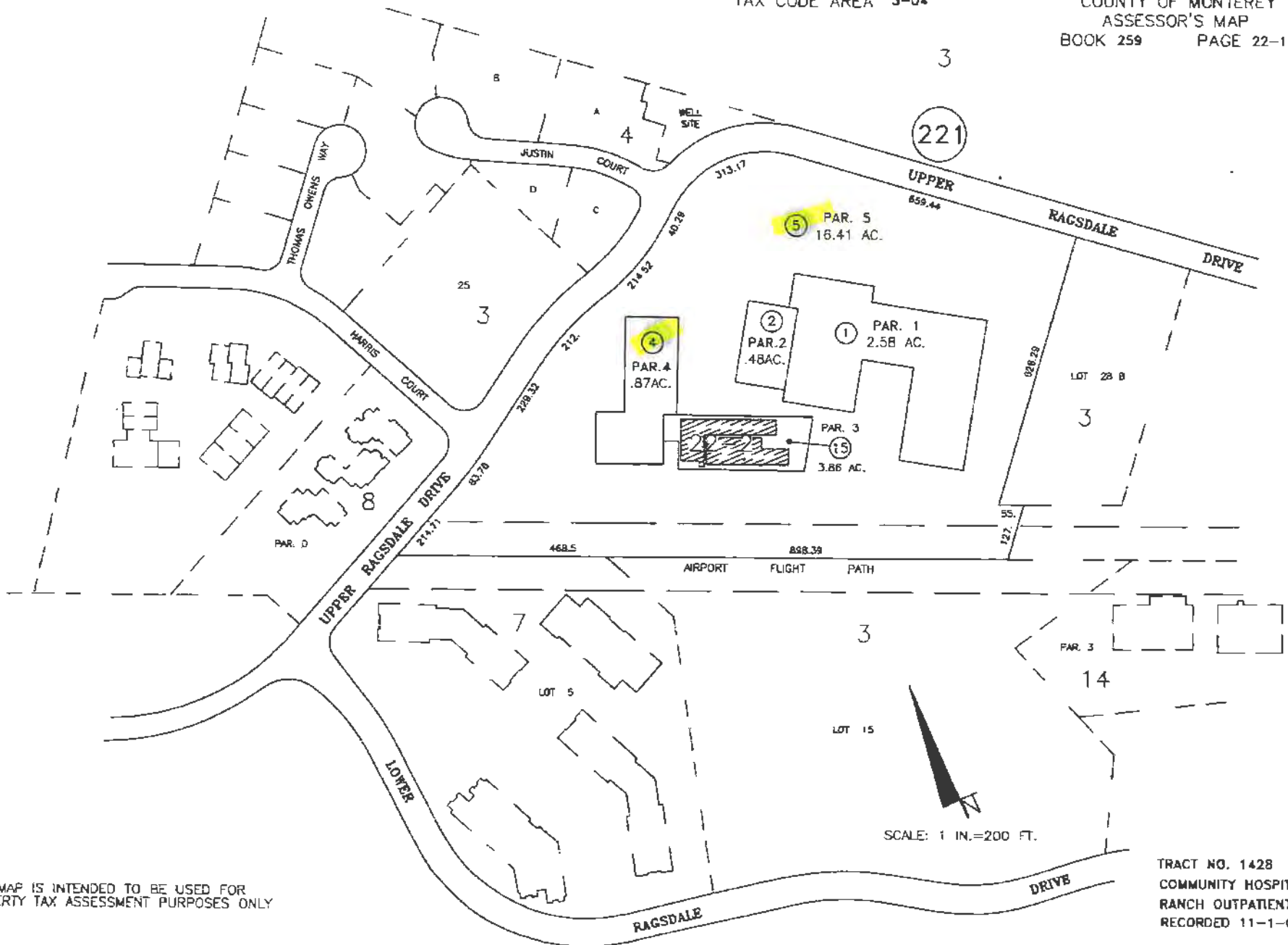
*HStern
7/25/2015*

Applicant requests that condition ¹³ ~~X~~ be amended to allow the emergency interconnection between the main California American system and the Ryan Ranch subunit to be used to transfer 3.17 acre feet per year to the Ryan Ranch water system from the California American system. The purpose of this interconnection is to allow the Seaside Groundwater Basin water approved for inclusion in the California American system in application 20140206CYP to be supplied to the Community Hospital of the Monterey Peninsula at its approved facilities located within Ryan Ranch.

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TAX CODE AREA 3-04

COUNTY OF MONTEREY
ASSESSOR'S MAP
BOOK 259 PAGE 22-1



THIS MAP IS INTENDED TO BE USED FOR
PROPERTY TAX ASSESSMENT PURPOSES ONLY

TRACT NO. 1428
COMMUNITY HOSPITAL RYAN
RANCH OUTPATIENT CAMPUS
RECORDED 11-1-04