

EXHIBIT 16-D



**APPLICATION for a PERMIT to CREATE or AMEND a
WATER DISTRIBUTION SYSTEM or MOBILE WDS**

Revised May 21, 2014

For detailed guidance, maps and weblinks, please visit the District website at:
<http://www.mpwmd.dst.ca.us/pae/wds/wds.htm> (see "2014 Implementation Guidelines").
 For staff assistance, contact 831-658-5621 or henrietta@mpwmd.net

Form received on June 2, 2016 by A Stern
 Fee Received: \$1,200 (Level 1 or 2); ~~\$3,000 (Level 3)~~ *(one fee for both appl)*
 ID# WDS- 20160602 CAW- (Part A)

Please complete the table below (attach extra sheets as needed): *Fee received 6/10/2016*

#	QUESTIONS	FILL IN ANSWERS BELOW
1	System Name	HILBY AVENUE PUMP STATION
2	Assessor's Parcel ## (list all)	If multiple parcel, identify APN for well/facility location and APN of parcels receiving water from WDS or Mobile WDS. <u>012324032000</u>
3	Physical Address or Location	<u>1561 HILBY AVE. SEASIDE, CA</u>
4	Name of Applicant	<u>CHRISTOPHER COOK / CAW</u>
5	Mailing Address (Street or PO)	<u>511 FOREST LODGE RD, SUITE 100</u>
6	City, State, Zip	<u>PACIFIC GROVE, CA, 93950</u>
7	Phone/fax/email:	<u>831-646-3241 / CHRISTOPHER.COOK@AMWATER.COM</u>
8	Agent (if applicable) (i.e., person who may receive paperwork on behalf of applicant/owner)	<u>NA</u>
9	Agent mailing address	
10	Agent City, State, Zip	
11	Agent phone/fax/email	
12	Hydrogeologist (if applicable)	(e.g., licensed professional who has conducted well testing and evaluation) <u>NA</u>
13	Hydro mailing address	
14	Hydro City, State, Zip	
15	Hydro phone/fax/email	
16	Is this an amendment to an existing WDS?	<u>YES</u> or NO. If yes, identify previous MPWMD permit #, if any. <u># M15-09-L3</u> Describe planned changes.

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17	Is this a Mobile WDS?	YES or NO . If yes, go to Row 50
18	Is this a water well?	YES or NO . If no, go to Row 21.
19	MCEHB ¹ Permit # and issuance date	(One for each well)
20	DWR Well Completion Report # and date	(One for each well)
21	Within MPWRS ² ?	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?	YES or NO . If yes, Adjudication documentation and/or approval from Watermaster are required. See Section 5.0 of 2014 Implementation Guidelines.
25	CV Alluvium source?	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 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 NO . If yes, water rights documentation is required. See Section 7.0 of 2014 Implementation Guidelines. Describe system.
28	Dam/reservoir?	YES or NO . If yes, water rights documentation and EIR is required. See Section 7.0 of 2014 Implementation Guidelines.
29	Desal plant?	YES or NO . If yes, describe facilities, annual production and recipients. EIR required. See Section 7.0 of 2014 Implementation Guidelines.
30	Reclamation plant?	YES or 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 NO . If yes, describe. See Section 7.0 of 2014 Implementation Guidelines.
32	Other water systems?	YES or NO. Describe. See Section 7.0 of 2014 Implementation Guidelines. <i>WATER SUPPLY PROJECT NEEDING AN EIR (GWR + ASR)</i>
33	Estimated production	Unit is acre-feet per year (AFY). See Section 2.9 of 2014 Implementation Guidelines. <i>NA</i>
34	Total acreage served	(Break out acreage of each parcel served) <i>NA</i>
35	Type of water use?	(e.g., drinking water irrigation only)
36	Type of land use?	(e.g., residential, commercial, agriculture) <i>UTILITY</i>
37	New subdivision?	YES or NO . CEQA document from lead agency is required.
38	In CAW ³ service area?	YES or NO.
39	Active CAW service?	What is currently served by Cal-Am on the property (e.g., home or business)? <i>NA</i>
40	What is Zoning?	<i>UTILITY</i>

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. PURE WATER MONTEREY EIR & ASR PHASE 1 & 2 MRWPCA/MPWMD PLUS 2016 ADDENDUM 2
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. NA
53	Describe intended use (long-term)	Mobile WDS may only be non-potable (e.g., irrigation, pools only) unless an emergency. NA
54	# parcels served?	Use Request for Exemption form if service is to 3 or fewer parcels from a source out side MPWMD. NA
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.
	ATTACHMENTS	
A1	Parcel Maps	INCLUDED
A2	MCEHB permit(s)	NA
A3	DWR well log(s)	NA
A4	Well registration forms	NA
A5	Well meter sign-offs	NA
A6	Grant deed	NA
A7	Water rights docs.	NA
A8	Environmental docs.	IN PROGRESS BY MRWPCA & MPWMD
A9	Mobile WDS approval	NA
A10	Application fee (check)	LEVEL 3 FEE
A11	Other	NA

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
 Printed name of Applicant: CHRISTOPHER COOK

5/31/16

Date

Signature of Applicant/System Owner
 Printed name of Applicant: _____

Date

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Hilby Avenue Pump Station
APN 012-324-032

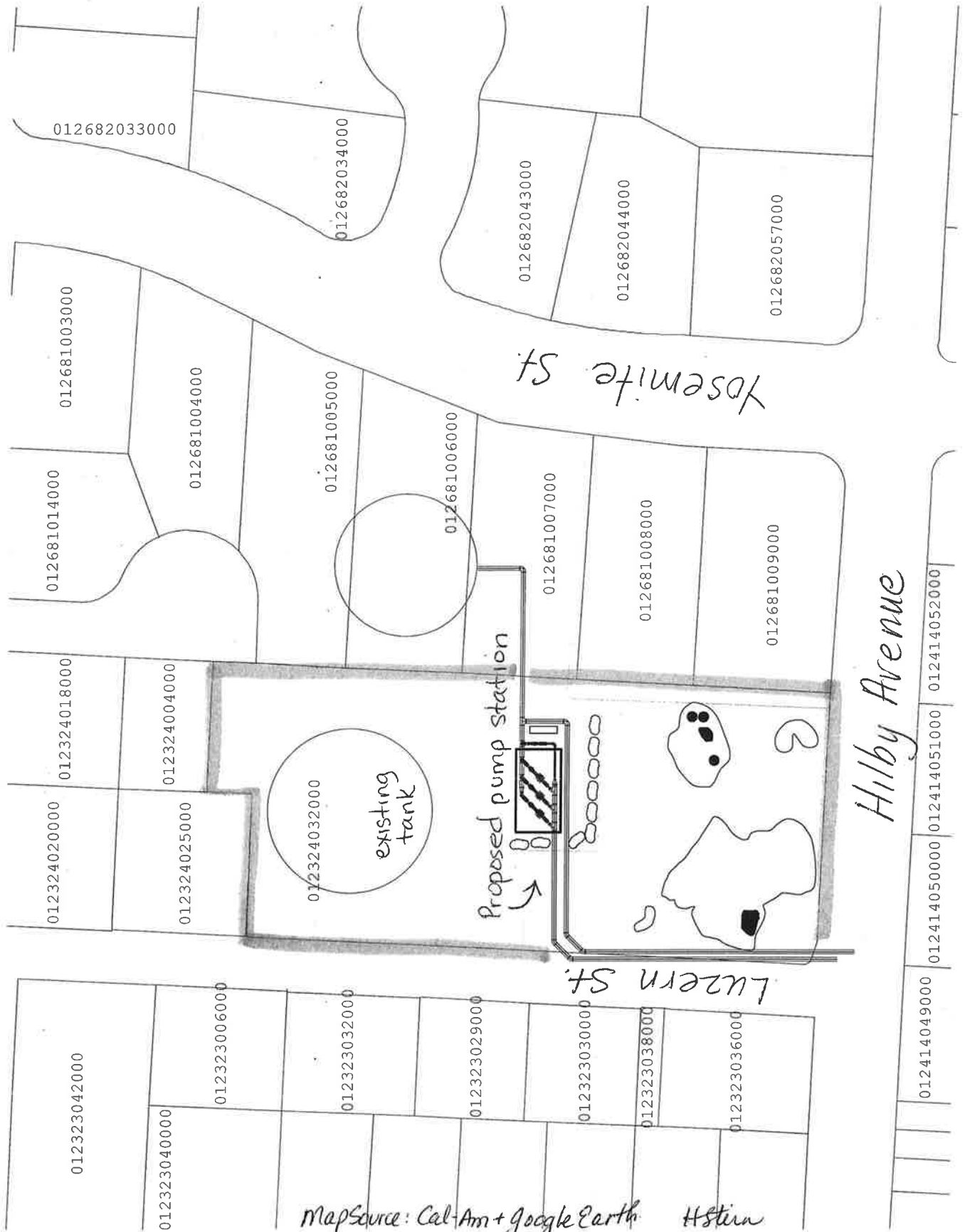


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Form received on June 3, 2016 by D. Stern
 Fee Received: \$1,200 (Level 1 or 2); X \$3,000 (Level 3) (one fee for both appl.)
 ID# WDS- 20160602 CAW (part B) Fee received 6/10/2016

Please complete the table below (attach extra sheets as needed):

#	QUESTIONS	FILL IN ANSWERS BELOW
1	System Name	MONTEREY PIPELINE
2	Assessor's Parcel ## (list all)	If multiple parcel, identify APN for well/facility location and APN of parcels receiving water from WDS or Mobile WDS. NA
3	Physical Address or Location	REFER TO DRAWING SET
4	Name of Applicant	CHRISTOPHER COOK / CAW
5	Mailing Address	(Street or PO) 511 FOREST LODGE RD, SUITE 100
6	City, State, Zip	PACIFIC GROVE, CA, 93950
7	Phone/fax/email:	831-646-3241 / CHRISTOPHER.COOK@AMWATER.COM
8	Agent (if applicable)	(i.e., person who may receive paperwork on behalf of applicant/owner) NA
9	Agent mailing address	
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12	Hydrogeologist (if applicable)	(e.g., licensed professional who has conducted well testing and evaluation) NA
13	Hydro mailing address	
14	Hydro City, State, Zip	
15	Hydro phone/fax/email	
16	Is this an amendment to an existing WDS?	YES or NO. If yes, identify previous MPWMD permit #, if any. # <u>MS-07-13</u> Describe planned changes.

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33	Estimated production	Unit is acre-feet per year (AFY). See Section 2.9 of 2014 Implementation Guidelines. WATER SUPPLY PROJECT NEEDING AN EIR (CASR + GWR) NA
34	Total acreage served	(Break out acreage of each parcel served) NA
35	Type of water use?	(e.g. <u>drinking water</u> , irrigation only)
36	Type of land use?	(e.g., residential, commercial, agriculture) <u>UTILITY</u>
37	New subdivision?	YES or <u>NO</u> . CEQA document from lead agency is required.
38	In CAW ³ service area?	<u>YES</u> or NO.
39	Active CAW service?	What is currently served by Cal-Am on the property (e.g., home or business)? NA
40	What is Zoning?	<u>UTILITY - PUBLIC RIGHT OF WAY</u>

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ATTACHMENTS		
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A4	Well registration forms	NA
A5	Well meter sign-offs	NA
A6	Grant deed	NA
A7	Water rights docs.	NA
A8	Environmental docs.	EA FOR POM
A9	Mobile WDS approval	NA
A10	Application fee (check)	LEVEL 3 FEE
A11	Other	MONTEREY PIPELINE DRAWING SET

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.



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5/31/16

 Date

Printed name of Applicant: CHRISTOPHER COOK

 Signature of Applicant/System Owner

 Date

Printed name of Applicant: _____

