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MONTEREY PENINSULA WATER MANAGEMENT DISTRICT

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FAX (831) 644-9560 • http://www.mpwmd.dst.co.us

JUN - 5 2008

6/6/08
total fee paid

MPWMD

PERMIT APPLICATION TO CREATE NEW or AMEND EXISTING
WATER DISTRIBUTION SYSTEM

Office Use Only	
Pre-Application Name/Date	
Application ID Number	20080606AND
Date Application Accepted	6/6/2008
Date Application Deemed Complete	9/9/2009

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 ANDERSON WDS
2. Assessor's Parcel Number(s) in System 259-021-004
3. System Street Address/Area 2969 MONTEREY - SALINAS HWY
4. Name of Applicant JOHN ANDERSON
(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 384 CORRAL DE TIERRA, Salinas 93908
6. Contact Numbers (ph/fax/e-mail) (831) 484-2190 founder@hvr.org
jsa@hvr.org
7. Agent (if any) Aaron Bierman
8. Agent Mailing Address 3153 REDWOOD DRIVE, APTOS CA 95003
9. Agent Contact Numbers (ph/fax/e-mail) (831) 334-2237

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 FIG. 2 OF T2HR & PIA REPORT: 1/25/08*
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.)	GROUNDWATER	GROUNDWATER
B. Cal-Am water service (is parcel in service area? Has active service?)	YES / NO	YES / NO
C. Total number of wells with MPWMD and County permits	3	3
D. Water system infrastructure (list major system components, e.g.; tanks, treatment, backflow, meters, etc.)	NA	COMPLETE SYSTEM ①
Other relevant information, comments or expansion on answers above:		
① SYSTEM NOT YET DESIGNED, ALTHOUGH AS REQUIRED, THE SYSTEM WILL BE DESIGNED TO MEET MAXIMUM DAY DEMAND.		

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 "WILL-SERVE" LETTER TO BE OBTAINED.*

Description of "yes" responses:

- ① BACKFLOW DEVICES (FOOT-VALVES) INSTALLED ON EACH WELLS PUMP COLUMN. DISTRIBUTION BACKFLOW DEVICES TO BE INSTALLED W/ DISTRIBUTION SYSTEM
- ② FIRE DEPT MUST APPROVE DESIGN DRAWINGS OF THE FIRE PROTECTION SYSTEM.

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.

- 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 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) _____
- D. If assisted by attorney, attach Form IG96-12, Declaration of Competency
- E. Attach supporting water rights documentation. (MPWMD has examples on file for review)

NA

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)
- 2+ connections- Please attach water quality test results as required by Monterey Co. Health
- ↳ NON-TRANSIENT, NON-COMMUNITY WATER QUALITY RESULTS IN APPENDIX F.*
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.)	NA	NA
B. Commercial service (potable, drinking water; # of non-fire meters)	0	18 CONNECTION SYSTEM (MPWMD - GROUP 1 USER)
C. Industrial service (potable or non-potable; # of non-fire meters)	0	0
D. Total number of structures served	0	TWO
E. Addl. Landscaping (non-potable) acres	0	0.54 AF/YR - SEE MAND. acres
F Pool or Pond (non-potable) Sq. ft.	0	0
G. Irrigation/agriculture (non-potable) Describe crop(s) and other agric. use acres	0	0
H. Live-stock (non-potable) head	0	0
I. Other	0	0
J. Total number of parcels served	ONE	ONE
K. Total acreage served (all parcels) acres	5.95	5.95
L. Estimated water use. (Worksheets are available; show how calculated.) acre-feet per year	① 0	② 4.74
Other relevant information, comments or expansion on answers above (you may add extra sheets):		
① QAF/YR USED IN 06-07 WATER YEAR EXCEPT FOR WATER PUMPED DURING PUMPING TESTS.		
② AVERAGE ANNUAL WATER DEMAND. SEE APPENDIX D FOR WATER FARM.		

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: 72 HR PUMP TEST & PUMPING IMPACT ASSESSMENT FOR WELLS #1, 2, 3 ON APN: 259-021-009, DATED 1/25/08 BY BHGL. Aaron Bierman.
 - 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") A
 - Results of well capacity/pumping tests (*Hydrologist should follow MPWMD procedures*) C
 - Copy of approved Well Construction Permit from Monterey County Health Department A
 - Pump horsepower, pump make, pump type C
 - Water quality analysis (for potable uses only) F
- Comments: DATA INCLUDED IN APPENDICES, A, C OR F AS NOTED.

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.

NA

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)
1-R-130-D-2
- 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.
CEQA IN PROCESS / SITE / ARCHIT.
- C. Recent or pending subdivisions to be served by the proposed water system. Include file numbers and resolution numbers used by the agencies.
NA
- D. Environmental documents prepared by jurisdiction or other lead agency CITY OF MONTEREY GAVE APPROVAL FOR NEG. DEC.
- 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.
ANTICIPATING NEG. DEC.

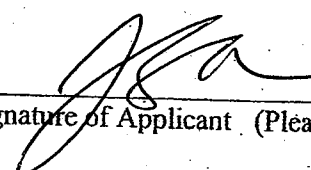
19. **MPWMD Permits**

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

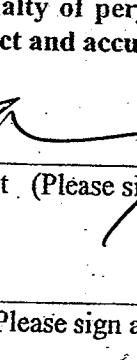
20. List unique issues, considerations and/or special conditions, if any, which may pertain to the proposed water system. THREE WELLS TO SERVE POTABLE & NON-POTABLE USES FOR MPWMD GROUP 1 COMMERCIAL OFFICE BUILDING

SECTION 3- SIGNATURES, RESPOSIBLE 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.

 JOHN S. ANDERSEN 1 29 08
Signature of Applicant (Please sign and print name) TRUSTEE Date 1/29/08

Signature of Agent (Please sign and print name) _____ Date _____

 JOHN S ANDERSEN 1 29 08
Signature of System Owner/Operator (required) TRUSTEE Date 1/29/08
(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): _____

Address(es) _____

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

- Attachment #1: 72-HR WELL PUMPING & ADVISOR RECOVERY TEST & PUMPING IMPACT ASSESSMENT
- Attachment : FOR WELLS #1 #2, #3 ON APN-259-021-014; 1/25/08.
- Attachment 2: 2 SET BLEND
- Attachment 3: copy of Deed
- Attachment 4: Supplemental Questionnaire For WDS
- Attachment : _____
- Attachment : _____
- Attachment : _____
- Attachment : _____
- Attachment : _____
- Attachment : _____
- Attachment : _____

JUN - 5 2008

Supplemental Questionnaire for Water Distribution System Application

SYSTEM NAME: ANDERSON WDSAPN: 259-021-004

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
- 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? NO
- 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.
NO SIGNIFICANT EFFECTS NOTED. MITIGATIONS COULD INCLUDE LIMITING WATER USE TO AVERAGE ANNUAL DEMAND.
- 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-HR CONSTANT RATE WELL PUMPING & AQUIFER RECOVERY TEST & PUMPING IMPACT ASSESSMENT ON ANDERSON WELLS #1, 2, 3 ON APN: 259-021-004, DATED 1/25/08 AND PREPARED BY BIGERMAN HYDROGEOLOGIC, P.C.
- 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 - NOT ISSUING ANY ADDITIONAL HOOK-UPS.

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.

S8. 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.

No.

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?

NONE ANTICIPATED - WATER BUDGET NOT COMPLETED.

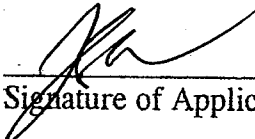
S10. Will this request adversely affect the ability of existing water distribution systems and individual users to produce water?

TECHNICAL CALCULATIONS INDICATE NO OFFSITE IMPACT. TECHNICAL CALCULATIONS INCLUDED IN APPENDIX E OF 72-HR WELL PUMPING & PIA REPORT.

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.

 JOHN ANDERSON TRUSTOR 1/29/08
Signature of Applicant; please print name below TRUSTOR 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.