



REQUEST for CONFIRMATION OF EXEMPTION for a Water Distribution System or Mobile WDS

For detailed guidance, please visit the District website at:
<http://www.mpwmd.net/regulations/wells-water-systems/water-distribution-systems/>
 (click on "2014 Implementation Guidelines").
 For staff assistance, contact 831-658-5601 or skister@mpwmd.net or gabby@mpwmd.net

Form with \$600 fee received on _____ by _____.
 ID# EX- _____

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

	QUESTIONS	FILL IN ANSWERS BELOW
1	System Name	
2	Assessor's Parcel ## (3 or less for Exemption)	If multiple parcel, identify APN for well/facility location and APN of parcels receiving water from WDS or Mobile WDS.
3	Physical Address or Location	
4	Name of Applicant	
5	Mailing Address	(Street or PO)
6	City, State, Zip	
7	Phone/fax/email:	
8	Agent (if applicable)	(i.e., person who may receive paperwork on behalf of applicant/owner)
9	Agent mailing address	
10	Agent City, State, Zip	
11	Agent phone/fax/email	
12	Is this a Mobile WDS	YES or NO. If yes, skip to Row 30
13	Is this a water Well?	YES or NO. If no, describe the non-Well water facility, then skip to Row 18.
14	Is this a new Well(s)?	YES or NO. "New well" means it is not a "Replacement Well."
15	Is this a Replacement Well(s)?	YES or NO. "Replacement Well" means the old well being replaced won't be used again; see Rule 11. If yes, identify previous MPWMD permit #, if any. # _____ Are any substantive changes planned? If yes, describe.
16	Other older Well(s)?	YES or NO. If yes, describe, map location and note when drilled.

17	MCEHB¹ Permit # and issuance date	(One MCEHB Permit for each well)
18	DWR Well Completion Report # and date	(One report for each well)
19	Name the water source area	(e.g., Carmel Valley alluvium, CV upland, river/tributary, Seaside Basin, other)
20	>1,000 ft. MPWRS²?	YES or NO. (Consult with District staff if unsure; see definition in footnote)
21	<1,000 ft. MPWRS?	YES or NO. (Consult with District staff if unsure; no exemption if potential impact)
22	Total acreage of parcel(s) served	(If multi-parcel, break out acreage of each parcel served)
23	Estimated production	(Use must be < 5.0 AFY in Seaside Basin to be Exempt)
24	Type of water use?	(e.g., drinking water, irrigation only)
25	Type of land use?	(e.g., residential, commercial, agriculture)
26	In CAW³ service area?	YES or NO. (Consult with District staff if unsure.)
27	Active CAW service?	YES or NO. If yes, what is currently served by Cal-Am (e.g., home or business)?
	For Mobile WDS Only	
30	Is Mobile WDS source outside MPWMD?	YES or NO. Source must be outside of MPWMD to be Exempt. Describe source.
31	Source agency approval	Identify source agency with authority. Attach written documentation of approval to export water from source area to serve applicant.
32	# Parcels served?	Exemption applies to 3 or fewer parcels served.
33	Describe intended use	Mobile WDS may only be non-potable (e.g., irrigation, pools only) to be Exempt.
	For All WDS	
40	Other relevant information? List attachments.	Refer to Question #. Attach explanatory sheets if needed.

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

Date

Printed name of Applicant: _____

Signature of Applicant/System Owner

Date

Printed name of Applicant: _____

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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