EXHIBIT 9-A



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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

PERMIT APPLICATION TO CREATE NEW or AMEND EXISTING

•	WATER DISTRIBUTION SYSTEM
	Office Use Only Pre-Application Name/Date Application ID Number Date Application Accepted 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
FEE I	RULES- For more complex projects where staff time exceeds the number of pre-paid hours of staff a fee of \$70 per hour will be charged. See Rule 60 for complete fee information.
is base the rev	FIRMATION OF PERMIT REVIEW LEVEL - The permit review level required for this application ed upon a preliminary evaluation of basic information provided in the Pre-Application Form. During view of this application, staff will confirm the review level. If it is determined that a higher or lower of review is required, the applicant will be notified, and the higher or lower fee will be required or led.
	SECTION 1 APPLICANT INFORMATION
1.	Name of System California American Water
2.	Assessor's Parcel Number(s) in System_ APN 416-522-020
3.	System Street Address/Area Carmel Valley Ranch, Carmel Valley
4.	Name of Applicant California American Water and Carmel Valley Ranch. LLP (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 c/o Lombardo & Gilles Po Box 2119 93902
6.	Contact Numbers (ph/fax/e-mail) 754-2444/Derinda@lomgil.com
7.	Agent (if any) Lombardo & Gilles, LLP Attn: Derinda L. Messenger, Esq.
8.	Agent Mailing Address 318 Cayuga Street, Salinas, CA 93902 93901
9.	Agent Contact Numbers (ph/fax/e-mail) 754-2444/fax 754-2011/derinda@lomgil.com

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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.
- 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,	Water From County's Allocation	Water from 8.807AFYof		
surface water, reclaimed, desalination,	Held by Monterey County from	Monterey County's allocation and		
etc.)	Carmel Valley Ranch credits.	From Carmel Valley Ranch credits		
B. Cal-Am water service (is parcel in	A portion (approximately 1/2 of	and 11 lots in Oakshire Subdivison		
	the 12 lots)is within CA service	being rezoned to Open Space		
C. Total number of wells with MPWMD and County permits	0	0		
D. Water system infrastructure (list		Service to 12 lot single family		
major system components, e.g.; tanks,		Residential lots and related water		
treatment, backflow, meters, etc.)		improvements to service these lots.		
Other relevant information, comments or expansion on answers above:				
Eleven existing residential lots (416-522-003-000, 416-542-006-000, 416-542-009-000, 416-542-010-000,				
416-542-012-000, 416-542-013-000, 416-542-018-000, 416-542-025-000, 416-542-032-000, 416-542-033-				
416-542-037-000) in the Oakshire Subdivision portion of Carmel Valley Ranch will be rezoned to Open Space.				

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.			low. For s, if any.
	A. Is there an emergency water supply in case of system failure?	<u>x</u> Yes	□No	□ N/A
	B. Will the system intertie to any other water distribution system?C. Has the other water system approved the intertie?D. Has a backflow device to prevent cross-contamination been installed?E. Must the local Fire Department approve this water system?	☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	M No M No M No M No	□ N/A □ N/A □ N/A □ N/A □ N/A
	F. What is the source of water for Fire Protection? Wells and storage Description of "yes" responses:	tanks		
	 A. The location and color of any water storage tanks required by the Carmel Valley Fire District for fire fighting shall be subject to all applicable zoning regulation prior to the recording of the Final Map. Condition of Approval. No. 22. D. Backflow devices will be installed along with water meters for each of the 12 lots. 			

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. W	Vater 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 O No O N/A
		"Yes," state date of letter and attach a copy to this application
		"No," complete questions C, D and E below.
	C. Ba	asis 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) 8.807 AFY from Monterey County's water allocation
	D. If	assisted by attorney, attach Form IG96-12, Declaration of Competency
	E. A	ttach supporting water rights documentation. (MPWMD has examples on file for review)
14.		er Quality Information. For wells that will provide potable (drinking) water to one or more
		ections, 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
5	Wate	er Use. Complete the table below by describing both the existing and proposed uses to be served

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		ting scribe)	Proposed (list/describe)	
A. Residential service (potable, drinking water); includes standard landscaping. List all separate structures/units served and if they include kitchen.)	Vacant		12 single family real homes	sidential
B. Commercial service (potable, drinking water; # of non-fire meters)	N.A.		N.A.	
C. Industrial service (potable or non- potable: # of non-fire meters)	N.A.		N.A.	·
D. Total number of structures served	0		12 homes	
E. Addl. Landscaping (non-potable)	0	acres	Unknown	acres
F Pool or Pond (non-potable)	0	Sg. ft.	Unknown	Sg. 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	12		12	
K. Total acreage served (all parcels)	Approximate	ly 80 acres	113.4	acres
L. Estimated water use. (Worksheets are	5.2 acre-fee	t per year	8.807 acre-	feet per year
available: show how calculated.)				
Other relevant information, comments or expansion on answers above (you may add extra sheets):				

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: N.A.
	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. o Well logs (State DWR "Well Completion Report") o Results of well capacity/pumping tests (Hydrologist should follow MPWMD procedures)
	o Copy of approved Well Construction Permit from Monterey County Health Department o Pump horsepower, pump make, pump type o Water quality analysis (for potable uses only) Comments:
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. N.A.
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) Monterey County LDR/B-6-D-S (Low Density Residential with Building Site, Design, and Site Review overlays) B. Permits and approvals required or received from other agencies (e.g., Planning Department, Building Department Health Department Coartel Commission (CNIC)
	Building Department, Health Department, Coastal Commission, CPUC). Include file numbers and resolution numbers used by the agencies. Monterey County File no. PLN020280 (12 lot residential subdivision)
	C. Recent or pending subdivisions to be served by the proposed water system. Include file numbers and resolution numbers used by the agencies. Monterey County File No. PLN020280, Monterey County Board of Supervisors Resolution No. 06-366, adopted on December 19, 2006
	D. Environmental documents prepared by jurisdiction or other lead agency Mitigated Negative Declaration as approved by Monterey County Board of Supervisors 06-366.
•	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. Mitigated Negative Declaration. PLN020280, Resolution 06-366, approved 12/19/06.
9. MI	WMD Permits
	Describe and list previous MPWMD permits received, if any, including permit number and date issued. Include existing well meter information, if applicable. None
:0.	List unique issues, considerations and/or special conditions, if any, which may pertain to the
	proposed water system. Eleven existing legal residential lots of record were rezoned to Open Space
	as part of this subdivision's approval. The subject subdivision area is approximately one half of its
	lots are currently within the Cal-Am service area already and the remainder is required to be added
	to the Cal-Am service area as a condition of the subdivision's approval.

SECTION 3- SIGNATURES, RESPOSIBLE PARTIES AND ATTACHMENTS

I declare under penalty of perjury that the information in this app attachments is correct and accurate to the best of my knowledge an	
Michael French Signature of Applicant (Please sign and print name)	9.6.07 Date
Signature of Applicant (Please sign and print name)	Date
Signature of Agent (Please sign and print name) Note 1	9-12-07
	/ /
June 1 HOMAS J. BUNASKY	12/5/07
Signature of System Owner/Operator (required)	Date
(Please sign and print name)	
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things required of a permit holder by this ordinance." Name(s):	
Address(es)	
	din Ameliasian Pane
Attachments. Please list all attachments, including maps, included with	inis Application Form
Attachment A: Monterey County Board of Supervisors Resolution	06-366, dated 12/19/06, including
Initial Study and Mitigated Negative Declaration	
Attachment_:	
Attachment_:	
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MPWMD

Monterey Peninsula Water Management District

DISCLOSURE STATEMENT (EX PARTE COMMUNICATIONS)

Name or description of project, action, etc.:	Carmel Valley Ranch Vesting Tentative Map and Rezoning (PLN 020280)			
Names and addresses of all persons authorized to communicate with the Board of Directors on this matter:				
<u>Name</u>	<u>Address</u>			
Anthony L. Lombardo	318 Cayuga Street, Salinas, CA 93901			
Derinda Messenger	318 Cayuga Street, Salinas, CA 93901			
This <i>Disclosure Statement</i> is completed in my capacity as the Applicant for matter referenced in the first line, or as an authorized Agent of the Applicant. My signature evidences I am duly authorized to act on behalf of all individuals and/or entities that have an ownership interest in this matter (exceptions shall be noted by checking this box and providing a complete explanation as an attachment to this <i>Disclosure Statement</i>).				
I understand this <i>Disclosure Statement</i> is required to list the names and addresses of all persons authorized to communicate with the Directors of the Water Management District on this matter. I further understand and agree to revise and amend this <i>Disclosure Statement</i> whenever any other person is authorized to communicate regarding this matter. Oral disclosure of agents shall not satisfy this requirement.				
I understand and agree that failure to disclose the name of individuals who shall communicate with the District Board Members on behalf of the applicant shall subject the matter referenced above to immediate review and denial. Further, I understand that if denial is based on failure of either the applicant or of an authorized agent of the applicant to comply with these disclosure requirements, no request for approval of an identical or similar matter shall be granted for a period of twenty-four (24) months from the date this matter is denied.				
I declare the foregoing to be true and correct of form this day of free the City of, State	f my own personal knowledge. I have signed this 2017. This form is signed in of Gliferin.			
Michael French Name (print) Signature	U:\staff\word\Forms\expartedisclosure.doc			
Organization				