

Exhibit 4

CONFIRMATION OF ADEQUACY OF DOCUMENTATION of Communications with Neighboring Well Owners

Today's Date: Date Documentation Received Reviewed By: Review Date:	Applicant Consultant Name Consultant Mailing Address City/Zip
System/Applicant Name: APN: Site Address/Location:	
you were required to notify Neighboring W monitored during the Well assessment test a Permit. You submitted documentation of you to MPWMD on the date noted above. This r has reviewed the submitted materials and definition. HAVE COMPLIED (you may proceed we may proceed we will be a submitted may be a submi	vith your Well assessment testing) not recognize the Well test) with the requirements
If you HAVE NOT complied, the reasons are: << fill in reasons and ways to c	
MPWMD Staff Contact: Please contact Henrietta Stern at henri@mpv	vmd.net or 831/658-5621 if you have questions.
please visit the MPWMD website at: ht	D procedures and requirements for water Wells tp://www.mpwmd.dst.ca.us/pae/wds/wds.htm . The wners as part of the WDS Permit process is le.
The MPWMD Rules & Regulations are update to visit the MPWMD homepage at: <a href="http://www.http:/</td><td></td></tr><tr><td>Ordinance No. 150 is on the District website a <a href=" http:="" ordin<="" ordinances="" td="" www.mpwmd.dst.ca.us=""><td></td>	
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