



Exhibit 1-A
RECEIVED

JAN 19 2022

**APPLICATION for a PERMIT to CREATE or AMEND a MPWMD
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 received on 1/19/2022 by K Smith
 Fee Received: \$1,200 (Level 1 or 2); \$3,000 (Level 3)
 ID# WDS- 20220119CAR

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

#	QUESTIONS	FILL IN ANSWERS BELOW
1	System Name	Carmel Middle School Well
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. Well - 015-162-028-000 Other parcels - 015-162-029-000, 015-162-014-000, 015-162-015-000
3	Physical Address or Location	4380 Carmel Valley Road
4	Name of Applicant	Carmel Unified School District
5	Mailing Address	(Street or PO) 4380 Carmel Valley Road
6	City, State, Zip	Carmel, CA 93921
7	Phone/fax/email:	P-831-624-6311 F-831-622-9958 dpaul@carmelunified.org
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	Hydrogeologist (if applicable)	(e.g., licensed professional who has conducted well testing and evaluation)
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. # _____ Describe planned changes. No
17	Is this a Mobile WDS?	YES OR NO. If yes, go to Row 42 No
18	Is this a water Well?	YES or NO. If no, go to Row 21. Yes



 MONTEREY PENINSULA
 WATER
 MANAGEMENT DISTRICT

19	MCEHB² Permit # and issuance date	(One for each well) 20-13419 Issued 12/29/2020
20	DWR Well Completion Report # and date	(One for each well) WCR2021-004253 4/7/2021
21	Within MPWRS³ ?	YES or NO. Consult with District staff if unsure; see definition in footnote. Yes
22	>1,000 ft. MPWRS?	YES or NO. Consult with District staff if unsure. See Section 4.0 of 2014 Implementation Guidelines. No
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. Yes
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. No
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. Yes
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. No
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. No
28	Dam/reservoir?	YES or NO. If yes, water rights documentation and EIR is required. See Section 7.0 of 2014 Implementation Guidelines. No
29	Desal plant?	YES or NO. If yes, describe facilities, annual production and recipients. EIR required. See Section 7.0 of 2014 Implementation Guidelines. No
30	Reclamation plant?	YES or NO. If yes, describe facilities, annual production and recipients. EIR required. See Section 7.0 of 2014 Implementation Guidelines. No
31	Rainwater harvest + offsite delivery?	YES or NO. If yes, describe. See Section 7.0 of 2014 Implementation Guidelines. No
32	Other water systems?	YES or NO. Describe. See Section 7.0 of 2014 Implementation Guidelines. No
33	Estimated production	Unit is acre-feet per year (AFY). See Section 2.9 of 2014 Implementation Guidelines. 37
34	Total acreage served	(Break out acreage of each parcel served) 015-162-028-000 = 2.09 Acres 015-162-029-000 = 2.48 acres, 015-162-014-000=acres, 015-162-015-000=45 acres
35	Type of water use?	(e.g., drinking water, irrigation only) Irrigation only
36	Type of land use?	(e.g., residential, commercial, agriculture) Public
37	New subdivision?	YES or NO. CEQA document from lead agency is required. No
38	In CAW⁴ service area?	YES or NO. Yes
39	Active CAW service?	What is currently served by CAW on the property (e.g. home or business)? Yes
40	What is Zoning?	PQP-D-S-RAZ
41	Environmental information	Describe CEQA documentation and Lead Agency, if applicable. NA

² MCEHB= Monterey County Environmental Health Bureau

³ MPWRS= Monterey Peninsula Water Resource System (i.e., Carmel Valley Alluvial Aquifer, Carmel River/tributaries, and Seaside Basin)

⁴ CAW = California American Water Company



42	Is Mobile WDS source within MPWMD?	YES or NO. If yes, describe source and location. See Rows 21 - 32 for possibilities.
43	Is water source outside MPWMD?	YES or NO. If yes, describe source and location.
44	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.
45	Describe intended use (long-term)	Mobile WDS may only be non-potable (e.g., irrigation, pools only) unless an emergency.
46	# Parcels served?	Use Request for Exemption form if service is to 3 or fewer parcels from a source out side MPWMD.
47	Emergency drinking water service?	YES or NO. If yes, describe situation.
48	Other relevant information or unique considerations?	Refer to Question #. Attach explanatory sheets as needed.
ATTACHMENTS		
A1	Parcel Maps	
A2	MCEHB permit(s)	
A3	DWR Well log(s)	
A4	Well registration forms	
A5	Well meter sign-offs	
A6	Grant deed	
A7	Water rights docs.	
A8	Environmental docs.	
A9	Mobile WDS approval	
A10	Application fee (check)	
A11	Other	

This Application for a Permit 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.

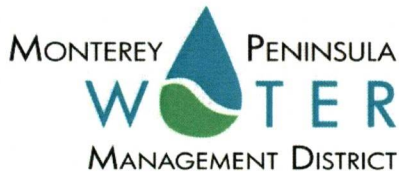
Yvonne Perez
Signature of Applicant/System Owner
 Printed name of Applicant: Yvonne Perez

1-19-22
Date

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

Date

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

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7	Phone/fax/email:	P-831-624-6311 F-831-622-9958 dpaul@carmelunified.org
8	Agent (if applicable)	(i.e., person who may receive paperwork on behalf of applicant/owner) Dan Paul
9	Agent mailing address	4380 Carmel Valley Road
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11	Agent phone/fax/email	P-831-624-6311 F-831-622-9958 dpaul@carmelunified.org
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Under penalty of perjury, I verify that the above information is accurate to the best of my knowledge and understanding.

Yvonne Perez 2/10/22
Signature of Applicant/System Owner **Date**
 Printed name of Applicant: Yvonne Perez, Chief Business official

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

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