

MONTEREY COUNTY



DEPARTMENT OF HEALTH LEN FOSTER, Director

ADMINISTRATION EMERGENCY MEDICAL SERVICES HEALTH PROMOTION
ANIMAL SERVICES ENVIRONMENTAL HEALTH PRIMARY CARE
BEHAVIORAL HEALTH FAMILY & COMMUNITY HEALTH PUBLIC GUARDIAN

INITIAL WATER USE/NITRATE IMPACT QUESTIONNAIRE FOR DEVELOPMENT IN MONTEREY COUNTY

This questionnaire must be completed and submitted to the Monterey County Health Department, Division of Environmental Health (two copies) and the Monterey County Water Resources Agency (one copy). The information supplied in the questionnaire will be used to evaluate the long-term impacts of the proposed project on the water quality and quantity of both the local and regional groundwater basins of Monterey County. In some cases the information supplied in this questionnaire will be adequate for determining the impacts of proposed development on groundwater supplies. In other cases, however, the Monterey County Division of Environmental Health and/or the Monterey County Water Resources Agency may require additional information or hydrologic studies. **If your development project includes an application for subdivision of land, verification of legal water rights must be submitted with this form.** Inquiries regarding this questionnaire should be directed to the Monterey County Division of Environmental Health, (831) 755-4507 or the Monterey County Water Resources Agency, (831) 755-4860.

1. Project Name: _____
2. Applicant's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (____) _____ / (____) _____ / (____) _____
(Home) (Business) (Mobile)
3. Owner(s) Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: (____) _____ / (____) _____ / (____) _____
(Home) (Business) (Mobile)
4. Project Location or Address: _____
(Attach site and vicinity maps)
5. Project Assessor's Parcel Number(s): _____
6. General Description of Proposed Project: _____

_____ (Attach additional sheet if needed)
7. Existing zoning & use: _____
8. Proposed zoning: _____
9. Number of existing legal lots of records: _____

10. **Existing** Water Supply is:

- None Public or private utility: _____ (Name)
 Existing individual well(s)* 2-200 connection water system: _____
How many? _____ (Name of system as it appears on Health Permit)

*Attach all well log(s), all chemical analysis results, and all pump tests.

11. **Proposed** Water Supply is:

- Existing individual well* Public or private utility: _____ (Name)
 Proposed individual well(s)* 2-200 connection water system: _____
 Existing public or private system to be expanded: _____
_____ (Name of system as it appears on Health Permit)

*Attach all well log(s), all chemical analysis results, and all pump tests.

12. **Existing** Sewage Disposal is Provided by:

- None Individual septic tank systems
 Existing on-site treatment system: _____ (Describe)
 Centralized Public/Private Sewer System: _____ (Name)

13. **Proposed** Sewage Disposal for the project is by:

- None to be generated Individual septic tank systems
 Proposed on-site treatment system: _____ (Describe)
 Centralized Public/Private Sewer System: _____ (Name)

14. Is this property currently used for crop production? If yes, itemize specific crops and their acreage. Include number of crops grown per year for each type of crop (attach additional sheets as necessary): _____

15. Total amount of water currently used on this property (Gal/day and acre-feet/year): _____

Amount above based on: Metered information Engineers estimate Owner's estimate

16. Net amount of water currently used on this property (Gal/day and acre-feet/year): _____
(Total water used minus recharge to groundwater equals net water use)

Typically 20% recharge for irrigation use and 80% for on-site septic systems.

