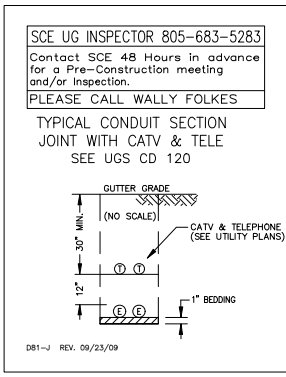


JOB CONTACT: DINO PAULETTO (805)895-3518  
 CUSTOMER: BILL HURST 805-886-1850 ROMALDO WATER CO  
 SEE PAGE 2 FOR MORE CUSTOMER DECALS  
 NOTES:  
 ● NEW 200A 120/240V 3PH 4W COMM PANEL ON BACKBOARD  
 ● PANEL FEEDS A WELL SYSTEM  
 ● EASEMENT REQUIRED  
 ● 1256359E LOCATED AT N 34' 30" 8.10" W 119' 49" 6.51"



PROJECT REQUIREMENTS (Y/N)

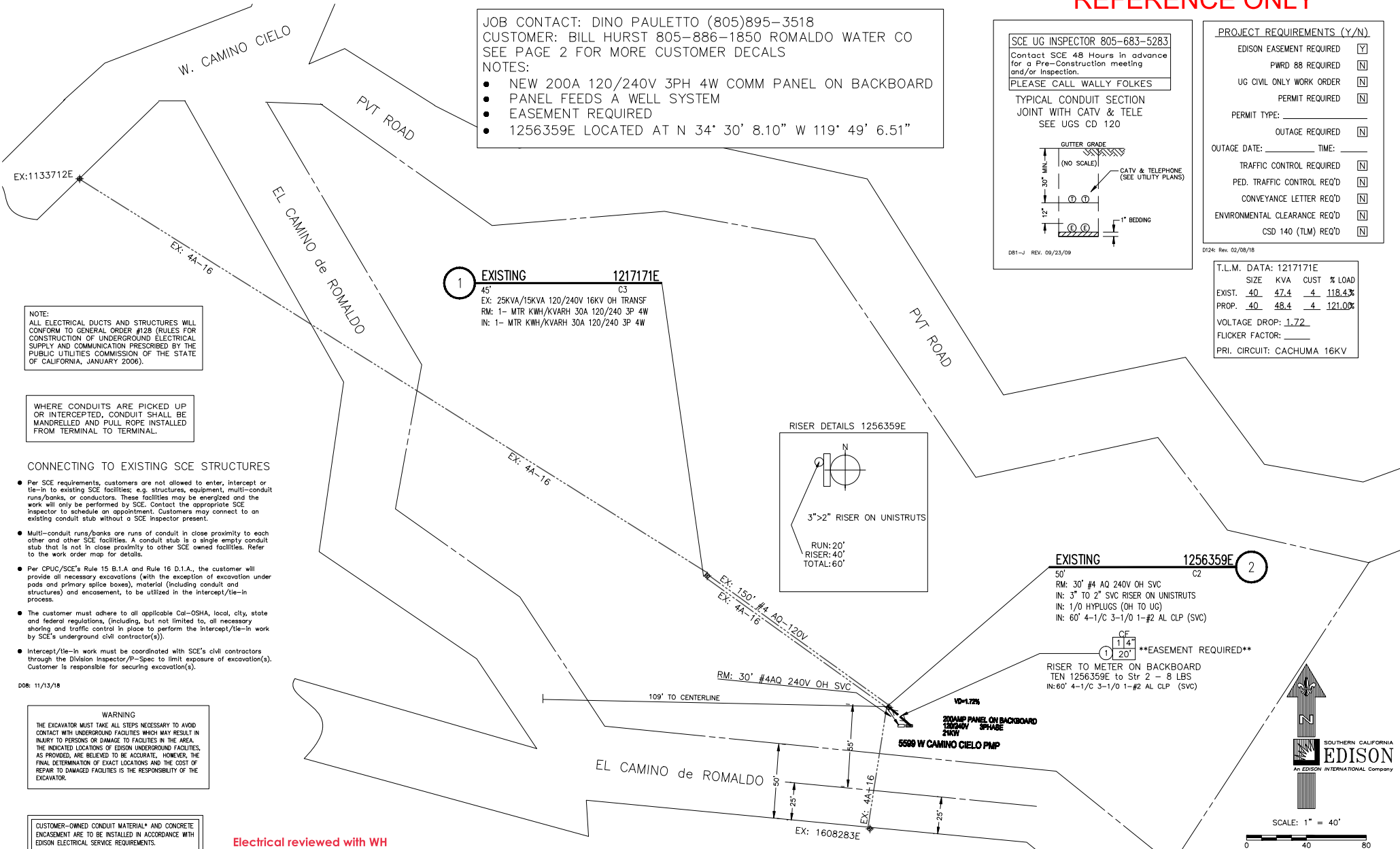
|                                |                                     |
|--------------------------------|-------------------------------------|
| EDISON EASEMENT REQUIRED       | <input checked="" type="checkbox"/> |
| PWRD 88 REQUIRED               | <input type="checkbox"/>            |
| UG CIVIL ONLY WORK ORDER       | <input type="checkbox"/>            |
| PERMIT REQUIRED                | <input type="checkbox"/>            |
| PERMIT TYPE:                   |                                     |
| OUTAGE REQUIRED                | <input type="checkbox"/>            |
| OUTAGE DATE: _____ TIME: _____ |                                     |
| TRAFFIC CONTROL REQUIRED       | <input type="checkbox"/>            |
| PED. TRAFFIC CONTROL REQ'D     | <input type="checkbox"/>            |
| CONVEYANCE LETTER REQ'D        | <input type="checkbox"/>            |
| ENVIRONMENTAL CLEARANCE REQ'D  | <input type="checkbox"/>            |
| CSD 140 (TLM) REQ'D            | <input type="checkbox"/>            |

D124: Rev. 02/08/18

T.L.M. DATA: 1217171E

|           |      |      |        |
|-----------|------|------|--------|
| SIZE      | KVA  | CUST | % LOAD |
| EXIST. 40 | 47.4 | 4    | 118.4% |
| PROP. 40  | 48.4 | 4    | 121.0% |

VOLTAGE DROP: 1.72  
 FLICKER FACTOR: \_\_\_\_\_  
 PRI. CIRCUIT: CACHUMA 16KV



NOTE:  
 ALL ELECTRICAL DUCTS AND STRUCTURES WILL CONFORM TO GENERAL ORDER #128 (RULES FOR CONSTRUCTION OF UNDERGROUND ELECTRICAL SUPPLY AND COMMUNICATION PRESCRIBED BY THE PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA, JANUARY 2006).

WHERE CONDUITS ARE PICKED UP OR INTERCEPTED, CONDUIT SHALL BE MANDRELLED AND PULL ROPE INSTALLED FROM TERMINAL TO TERMINAL.

CONNECTING TO EXISTING SCE STRUCTURES

- Per SCE requirements, customers are not allowed to enter, intercept or tie-in to existing SCE facilities; e.g. structures, equipment, multi-conduit runs/banks, or conductors. These facilities may be energized and the work will only be performed by SCE. Contact the appropriate SCE inspector to schedule an appointment. Customers may connect to an existing conduit stub without a SCE inspector present.
- Multi-conduit runs/banks are runs of conduit in close proximity to each other and other SCE facilities. A conduit stub is a single empty conduit stub that is not in close proximity to other SCE owned facilities. Refer to the work order map for details.
- Per CPUC/SCE's Rule 15 B.1.A and Rule 16 D.1.A., the customer will provide all necessary excavations (with the exception of excavation under pads and primary splice boxes), material (including conduit and structures) and encasement, to be utilized in the intercept/tie-in process.
- The customer must adhere to all applicable Cal-OSHA, local, city, state and federal regulations, (including, but not limited to, all necessary shoring and traffic control in place to perform the intercept/tie-in work by SCE's underground civil contractor(s)).
- Intercept/tie-in work must be coordinated with SCE's civil contractors through the Division Inspector/P-Spec to limit exposure of excavation(s). Customer is responsible for securing excavation(s).

DOB: 11/13/18

WARNING  
 THE EXCAVATOR MUST TAKE ALL STEPS NECESSARY TO AVOID CONTACT WITH UNDERGROUND FACILITIES WHICH MAY RESULT IN INJURY TO PERSONS OR DAMAGE TO FACILITIES IN THE AREA. THE INDICATED LOCATIONS OF EDISON UNDERGROUND FACILITIES, AS PROVIDED, ARE BELIEVED TO BE ACCURATE. HOWEVER, THE FINAL DETERMINATION OF EXACT LOCATIONS AND THE COST OF REPAIR TO DAMAGED FACILITIES IS THE RESPONSIBILITY OF THE EXCAVATOR.

CUSTOMER-OWNED CONDUIT MATERIAL AND CONCRETE ENCASEMENT ARE TO BE INSTALLED IN ACCORDANCE WITH EDISON ELECTRICAL SERVICE REQUIREMENTS.  
 \*SUBJECT TO APPROVAL BY LOCAL INSPECTION AUTHORITIES

D14: Rev. 01/85

**UNDERGROUND SERVICE ALERT**  
 Contact USA  
 Dial 811 or 800-422-4133  
 www.digalert.org/contact  
 For Underground Locating  
 Two Working Days Before You Dig

D16: Rev. 05/28/20

Electrical reviewed with WH

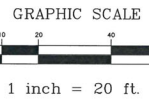
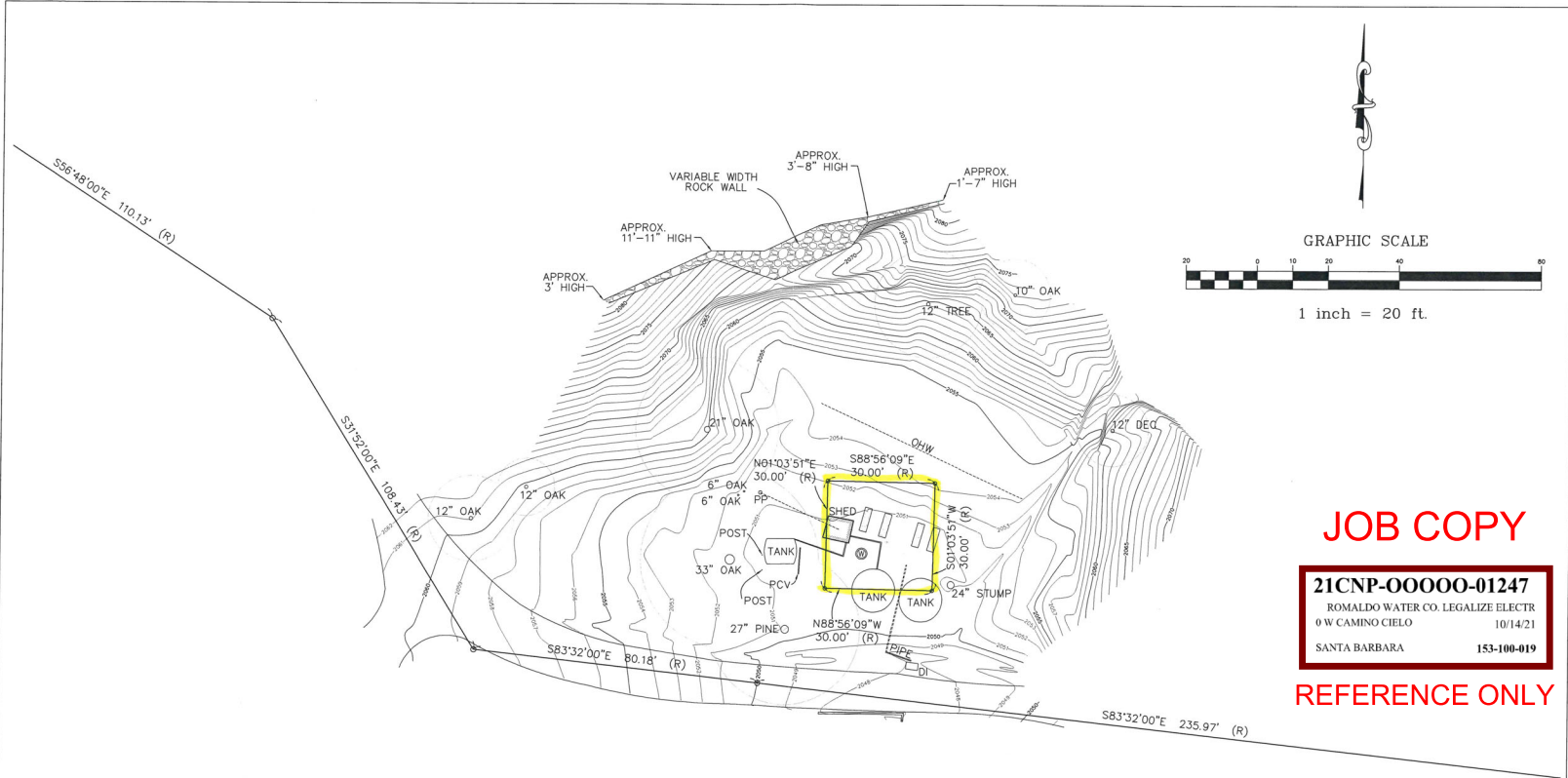
**APPROVED**  
 COUNTY OF SANTA BARBARA  
 DIVISION OF BUILDING AND SAFETY  
 JOB SET  
 December 14, 2022  
 BY: MMc/WH SHT: \_\_\_\_\_ OF \_\_\_\_\_  
 The stamping of this set of plans and specifications SHALL NOT be held to permit or to be an approval of the violation of any provisions of any county ordinance or state law. It is unlawful to make any changes or alterations on same without written permission from Building Department, County of Santa Barbara.  
 ALL WORK IS SUBJECT TO FIELD INSPECTOR'S APPROVAL

**21CNP-00000-01247**  
 ROMALDO WATER CO. LEGALIZE ELECT  
 0 W CAMINO CIELO 10/14/21  
 SANTA BARBARA 153-100-019

**ALL WORK IS SUBJECT TO FIELD INSPECTOR'S APPROVAL**  
 Call For Inspections  
 A Day in Advance  
**JOB COPY**

**FINAL DESIGN**  
 APPROVED FOR CONSTRUCTION

|                                    |                          |                                                                                                               |                                          |
|------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------|
| DISTRICT 49 - SANTA BARBARA        | PROJ. MGR. PHONE         | PLANNER KEEGAN MAHONEY PHONE 805-683-5201                                                                     | DESIGNER OLIVERA                         |
| PROJECT NO. 1922352                | SERVICE REQUEST 12823482 | MSR NO. 8523166                                                                                               | PRODUCT-1 1734270-METER & SERVICE CHANGE |
| CIRCUIT / VOLTAGE CACHUMA 16KV     | THOMAS GUIDE 9664 EG     | PRODUCT-2                                                                                                     | ASSOC DESIGN                             |
| SUB / PG NO. VEGAS SUB             | CIRCUIT CODE             | PRODUCT-3                                                                                                     | ASSOC DESIGN                             |
| INVENTORY MAP 24-51B-5             | J.P.A. NO.               | PROPOSED CONSTRUCTION (LOCATION) M&S (CHANGE) OH TO UG (COMM) 5599 W CAMINO CIELO PMP SANTA BARBARA, CA 93105 |                                          |
| 08/12/20                           | REINADO                  | MAHONEY                                                                                                       | OLIVERA 75239                            |
| TYPE DATE                          | APPROVED BY              | CHECKED BY                                                                                                    | DRAWN BY PAX # SHEET                     |
| Southern California Edison Company |                          |                                                                                                               | 1 of 2                                   |
| DESIGN DWG NO. 1304854_0.01        |                          |                                                                                                               |                                          |



**JOB COPY**

**21CNP-00000-01247**  
 ROMALDO WATER CO. LEGALIZE ELECTR  
 0 W CAMINO CIELO 10/14/21  
 SANTA BARBARA 153-100-019

**REFERENCE ONLY**

| LEGEND |                        |
|--------|------------------------|
| DI     | DROP INLET             |
| DEC    | DECIDUOUS              |
| PCV    | PRESSURE CONTROL VALVE |
| PP     | POWER POLE             |
| OHW    | OVERHEAD WIRE          |

- NOTES:**
- (1) THE BOUNDARY SHOWN HEREON IS FOR INFORMATIONAL PURPOSES ONLY. IT IS BASED ON MINIMAL MONUMENTATION RECOVERY AND RECORD DATA EITHER PROVIDED OR RECORDED. IT IS NOT INTENDED TO CONSTITUTE A BOUNDARY OF SURVEY.
  - (2) (R) = OFFICIAL RECORD 2007-0054155 ROTATED (1° 03' 50") CLOCKWISE.
  - (3) HORIZONTAL COORDINATE BASIS IS NAD 83 (1991.35) PER TIES TO STATION 2002 PER RECORD OF SURVEY BOOK 170, PAGE 48.
  - (4) VERTICAL BASIS IS NAVD 88 PER STATION 2002 PER RECORD OF SURVEY BOOK 170, PAGE 48. ELEVATION = 12.93 FEET.

**TOPOGRAPHIC MAP OF  
 ROMALDO MUTUAL WATER COMPANY  
 APN 153-100-013  
 COUNTY OF SANTA BARBARA, CA**

| Rev | Description | By | Date |
|-----|-------------|----|------|
|     |             |    |      |
|     |             |    |      |
|     |             |    |      |

|  |                                                                                                                                                                                      |  |                                                                                                              |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|
|  | <b>CARDENAS AND ASSOCIATES SURVEYING, INC.</b><br><small>261 N. CALLE CEDAR CHAVEZ, STE. 100, SANTA BARBARA, CA 93101<br/>         Phone: (805) 960-2713 Fax: (805) 960-2721</small> |  | Drawn By: CB    Checked By: JC<br>Scale: As Shown<br>Date: 03-26-2009<br>Job No.                      Sheet: |
|  | 09-0274                                                                                                                                                                              |  | 1 of 1                                                                                                       |



**Existing Water  
Well Site.**



**Environmental Health Services**  
 225 Camino del Remedio, Santa Barbara, CA. 93110 ♦ (805) 681-4900  
 2125 S. Centerpointe Pkwy., #333 • Santa Maria, CA 93455-1340 ♦ (805) 346-8460

**WATER WELL PERMIT APPLICATION**

**Type of Permit** (Please check the appropriate box below)

|                                                  |                  |        |                                                                                       |
|--------------------------------------------------|------------------|--------|---------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Construction | \$740 (3 hrs.) * | [4669] | New or Replacement well.                                                              |
| <input type="checkbox"/> Modification            | \$740 (3 hrs.) * | [4669] | Includes the deepening of a well, reoperation, sealing or replacement of well casing. |
| <input type="checkbox"/> Destruction             | \$495 (2 hrs.) * | [4668] | Abandonment: The complete filling of a well.                                          |

**FOR OFFICE USE ONLY**  
 Rec'd Date: 2-14-17  
 Rec'd By: \_\_\_\_\_  
 WP # 1803  
 District # \_\_\_\_\_

\* An hourly fee of \$136 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid.

**Required Attachments:** Plot plan indicating the location of the well with respect to the following items:

- Property lines.
- Drainage pattern of the property.
- Access roads and easements (water, sewer, utility, roadway).
- Existing and/or proposed structures.
- Existing wells within a 100 foot radius of the proposed well.
- Animal or fowl enclosure, pens, paddocks, stockyards within a 100 foot radius of proposed well site
- Sewage disposal systems or works carrying or containing sewage or industrial wastes within a 200 foot radius of the proposed well.
- All perennial, seasonal, natural, or artificial water bodies or watercourses, including location of 100 year floodplain, if applicable.
- Also Required: the Supplemental Form on page 3, completed in full.

**OWNER Info:**

Well Owner Name (Required): Romaldo Community Water Primary Phone (805) 886-1850  
 Owner Mailing Address: 5587 W. Camino Cielo, Santa Barbara, CA 93105  
 Street Number and Name City State/ Zip Code

*Complete this section if the person coordinating the project is other than the Well Owner (e.g., driller, contractor).*

Project Coordinator/Certified Professional Name: Bill Hurst  
 Mailing Address: \_\_\_\_\_  
 Street Number and Name City State / Zip Code  
 Primary Phone: ( ) 886-1850 Email: mktclev@gmail.com

**WELL Location Info:**

Well Location Address: No street address, but across from 5629 West Camino Cielo, 93105  
 Street Number and Name City State / Zip Code  
 Cross Street (or other information defining the Well location) if applicable: West Camino Cielo  
 Assessor's Parcel Number (APN): 1 5 3 - 1 0 0 - 0 1 3  
 Longitude: W116°14'28.86" Latitude: N43°38'19.39" Elevation: 2,100

- A. Is parcel located within the service area of a public water system?  No  Yes (Identify): \_\_\_\_\_
- A-1. If you answered **Yes** to question A.: Are you connected to the Public Water System (i.e., do you have a meter?)  No  Yes
- A-2. If you answered **No** to the question A-1.: Is public water service available?  No  Yes

|                                                                               |                                                                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Proposed Depth <u>700</u> ft.                                                 | <b>Casing Information</b>                                                                                         |
| Well Bore Diam. <u>10 1/2</u> in.                                             |                                                                                                                   |
| <b>Sealing Material (Check)</b>                                               | Type: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Clay | Wall / Gauge <u>0.36 or 0.50</u> in. Diameter <u>6"</u> in. Annular Seal Depth <u>50</u> ft.                      |
| <input type="checkbox"/> Cement Grout <input type="checkbox"/> Concrete       | Additional Work Description: _____                                                                                |
| <b>Note:</b> A minimum 50 ft. annular seal is required for all wells.         |                                                                                                                   |

**LEGAL DECLARATION**

**LICENSED CONTRACTOR DECLARATION**

I hereby affirm that I am licensed under the provisions of Chapter 9 (commencing with Sec. 7000), Division 3 of the Business and Professions Code (B&PC) as a well drilling contractor (C-57 license) and such license is in full force and effect.

Ken Patrick Ken Pat Feb 14 2017  
Print Name of Driller Signature of Driller Date

Lic. No.: C57 504769 Primary Telephone 805 991 2926 Other Phone: 805 927 0593

Business Name: DCA Drilling Address 11438 Sumac Lane Camarillo CA. 93012

(Complete A or B)

**A. WORKERS' COMPENSATION DECLARATION**

I hereby affirm that (check the applicable box):

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
- I have and will maintain workers' compensation insurance, as provided for by Section 3700 of the Labor Code, for the performance of work for which this permit is issued. My insurance carrier and policy number are:

Carrier State fund Policy No. 586-3000 443

Applicant Signature Ken Pat Date Feb 14 2017

**B. CERTIFICATION OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**

I certify that in the performance of work for which this permit is issued, I shall not employ any person in a manner so as to become subject to the Workers' Compensation Laws of California.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice to Applicant:** If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

When signed by the Environmental Health Specialist, this application shall be deemed a permit only for the work described and is not a "permit for development" as that term is used in the California Subdivision Map Act. Please note additional permits (e.g., electrical installation, waste discharge requirements, land use clearance, grading) may also be required from other agencies. THIS PERMIT SHALL EXPIRE upon completion of the task authorized or one year from date of issuance, whichever occurs first. No changes from the approved plan are permitted without prior written approval by Environmental Health Services. Final clearance will not be issued until all fees are paid and a copy of the drillers log is submitted to Environmental Health Services.

I hereby agree to comply with all regulations of the County of Santa Barbara pertaining to well construction, repair, modification, destruction and inactivation. The property owner, well driller, or agent will furnish Environmental Health Services a copy of a completed well log upon completion of well construction.

I certify that I have read this application and declare under penalty of perjury that the information contained herein is true, correct and complete. I hereby authorize representatives of Environmental Health Services to enter the premises for the purpose of inspecting the site and work described herein for compliance with county requirements.

**REQUIRED INSPECTIONS / FINAL CLEARANCE:** After permit approval, and prior to covering any components, an inspection must be scheduled directly with the approving Environmental Health Specialist at least two (2) business days in advance for:

- ✓ The sealing of the annular space on a well;
- ✓ The destruction of wells;
- ✓ Any operation stipulated on the permit to address special or unusual conditions.
- ✓ Receipt of driller's well log.

Signed Ken Patrick Ken Pat Feb 14 2017  
Applicant (Print Name) Applicant's Signature Date

APPLICATION DISPOSITION:  Approved  Denied

Signed Murphy 2-24-17  
Environmental Health Specialist Date

**FOR DEPARTMENT USE ONLY**

Fixed Fee Rec'd: By: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Credit Card Trans No: \_\_\_\_\_ (last 4 digits)

Check No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

Permit Conditions: Provide 48 hr notice prior to pouring seal

Final Construction Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Final Clearance by: \_\_\_\_\_ Date: \_\_\_\_\_

- Copy Required at Assessor's Office
- Copy Required at Water District Office

## Water Well Application Supplemental Information

**General:**

If application is for Modification to an existing well, state the nature of modification:

- Deepening       Sealing of well casing  
 Reperforation       Replacement of well casing

WP# 1803

**Intended Well Use:** *(check all that apply)*

Check the well type from the list below.

- Irrigation       Irrigation and Domestic\*       Domestic\* Only

\* Indicate type of Domestic use:  Single Parcel       Multi-Parcel       State Small       Public

What is the anticipated approximate water production (acre feet per year) for the proposed well?:  <2;     2-10;     >10

**Intended Water Use:**

Do you intend to export any water off of the property?  No     Yes

What other water sources are available on the property?     Public     Private     None

**Site Information:**

Are there other wells on the property?  No     Yes    If yes, how many? \_\_\_\_\_

What is the parcel size of the proposed well location? 2,000 acres  square feet

What is the Property Zoning Designation?

- AG-I     AG II     Residential     Commercial     Industrial     Recreational

Is the proposed well location within the Coastal Zone?  No     Yes

Within what Ground Water Basin is the proposed well located? *(check the box above the appropriate column)*

| <input checked="" type="checkbox"/><br>South Coast<br>Groundwater Basins   | <input type="checkbox"/><br>Santa Ynez River<br>Watershed                                            | <input type="checkbox"/><br>North Coastal<br>Groundwater Basins | <input type="checkbox"/><br>Cuyama<br>Groundwater Basin |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|
| <i>Carpinteria<br/>Montecito<br/>Santa Barbara<br/>Foothill<br/>Goleta</i> | <i>Santa Ynez Uplands<br/>Santa Ynez Alluvial<br/>Buellton Uplands<br/>Lompoc Groundwater Basins</i> | <i>San Antonio<br/>Santa Maria</i>                              |                                                         |

**Terms for Permit:**

Initial each statement below to indicate that you understand and agree; then sign bottom of this page.

X I have read and understand all of the information on Page 2 of this application including, but not limited to, permit limitations.

X I understand that this permit is only for the well construction, modification or destruction identified on this application.

X I have read and understand that other permits may be required, including (but not limited to): land use; electrical; grading; waste discharge; etc.

Signed

Bill Huff

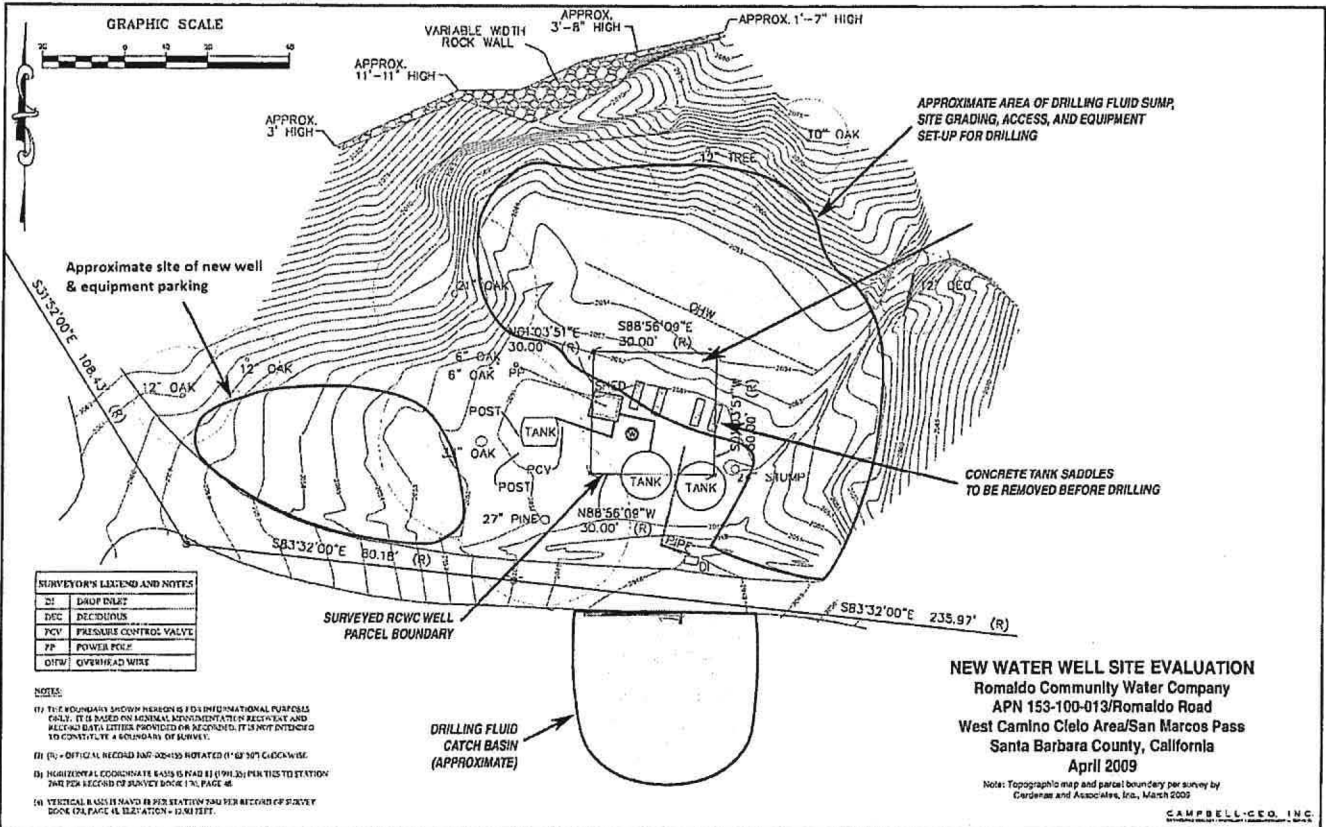
Applicant/Owner (Print Name)

Applicant/Owner Signature

14-Feb-17

Date

WP# 1803



**SURVEYOR'S LEGEND AND NOTES**

|     |                        |
|-----|------------------------|
| DI  | DIAPHRAGM              |
| DEC | DECIDUOUS              |
| PCV | PRESSURE CONTROL VALVE |
| PP  | POWER POLE             |
| OTW | OVERHEAD WIRE          |

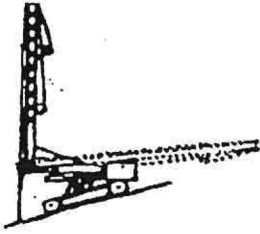
**NOTES:**

- (1) THE BOUNDARY SHOWN HEREON IS FOR INFORMATIONAL PURPOSES ONLY. IT IS BASED ON AERIAL PHOTOGRAPHIC INTERPRETATION AND FIELD DATA LETTERS PROVIDED FOR RECORD. IT IS NOT INTENDED TO CONVEY A BOUNDARY OF SURVEY.
- (2) ALL OFFICIAL RECORDS ARE ROTATED 1° 47' 30" CLOCKWISE.
- (3) HORIZONTAL COORDINATE BASIS IS NAD 83 (1983) PERTINENT TO STATION 7442 PER RECORD OF SURVEY BOOK 17, PAGE 48.
- (4) VERTICAL DATA IS PER STATION DATA PROVIDED BY SURVEY BOOK 02, PAGE 15, STATION 1244 FEET.

**NEW WATER WELL SITE EVALUATION**  
 Romaldo Community Water Company  
 APN 153-100-013/Romaldo Road  
 West Camino Cleo Area/San Marcos Pass  
 Santa Barbara County, California  
 April 2009

Note: Topographic map and parcel boundary per survey by  
 Gardner and Associates, Inc., March 2009

CAMPBELL GEO. INC.



WP# 1803

**PROPOSED  
WORK PLAN DETAIL FOR  
WATER WELL DRILLING**

- Mobilization of drilling equipment
- Drilling annular 15 " diameter hole, 50'+ deep
- Install temporary, outside, steel conductor casing, if needed
- Bore 10 " diameter to 700' deep
- Perform air lift test to estimate GPM
- Install 8 " PVC or Certa-Lok liner to depth – slots from 300' to 700'
- Install #12 Silica sand filter pack to bottom of annular
- Sanitary Seal , Install 10-sack slurry cement around conductor of top 50' of annular area 3" thick x 50'+ minimum
- Install 10 " ID steel protective sleeve x 4' long into wet mix
- Pour monolithically square concrete slab with 50' sanitary well seal, Size of slab is 5' x 5' x 6", 1/4" sloped away, centered on well pipe
- Sanitize well
- Measure static level of water
- Install temporary locking cap at well head
- Clean up well site area
- Demobilization

This is a proposed work plan detail, but actual well construction may vary due to ground condition.