



COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES

860 NORTH BUSH STREET • UKIAH • CALIFORNIA • 95482
120 WEST FIR STREET • FT. BRAGG • CALIFORNIA • 95437

IGNACIO GONZALEZ, INTERIM DIRECTOR
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pbs@mendocinocounty.org
www.mendocinocounty.org/pbs

August 3, 2017

Planning – Ukiah/Fort Bragg
Department of Transportation
Environmental Health - Ukiah/Fort Bragg
Building Inspection - Ukiah/Fort Bragg
Forestry Advisor

Air Quality Management
Sonoma State University
Department of Forestry/ CalFire
Department of Fish and Wildlife
Department of Parks & Recreation

Fort Bragg Rural FPD
Sherwood Valley Band of Pomo Indians
Cloverdale Rancheria
Redwood Valley Rancheria

CASE#: U_2017-0016

DATE FILED: 6/30/2017

OWNER: DAVID R. MOORE

APPLICANT: ALAN G. MOORE

REQUEST: Cannabis Cultivation: AG_2017-0233 (Type 2B-Large Mixed Light-10,000 Sq. Ft.) & AG_2017-0588 (Type CA-Small Indoor-2,500 Sq. Ft.)

LOCATION: 2.6± miles northeast of Caspar, CA. Situated directly south of Jackson State Forest. Located at 15183 Mitchell Creek Dr., Fort Bragg, CA, 95437; APN: 019-370-19.

STAFF PLANNER: Jesse Davis

RESPONSE DUE DATE: August 17, 2017

PROJECT INFORMATION CAN BE FOUND AT:

www.mendocinocounty.org

Select "Government" from the drop-down; then locate Planning and Building Services/Public Agency Referrals.

Mendocino County Planning & Building Services is soliciting your input, which will be used in staff analysis and forwarded to the appropriate public hearing. You are invited to comment on any aspect of the proposed project(s). Please convey any requirements or conditions your agency requires for project compliance to the project coordinator at the above address, or submit your comments by email to pbs@mendocinocounty.org. Please note the case number and name of the project coordinator with all correspondence to this department.

We have reviewed the above application and recommend the following (please check one):

- ☐ No comment at this time.
- ☐ Recommend conditional approval (attached).
- ☐ Applicant to submit additional information (attach items needed, or contact the applicant directly, copying Planning and Building Services in any correspondence you may have with the applicant)
- ☐ Recommend denial (Attach reasons for recommending denial).
- ☐ Recommend preparation of an Environmental Impact Report (attach reasons why an EIR should be required).
- ☐ Other comments (attach as necessary).

REVIEWED BY:

Signature _____ Department _____ Date _____

OWNER:

David R. Moore

APPLICANT:

Alan G. Moore

REQUEST:

Cannabis Cultivation: AG_2017-0233 (Type 2B-Large Mixed Light-10,000 Sq. Ft.) & AG_2017-0588 (Type CA-Small Indoor-2,500 Sq. Ft.)

LOCATION:

±2.6 miles northeast of Caspar, CA. Situated directly south of Jackson State Forest. Located at 15183 Mitchell Creek DR., Fort Bragg, CA, 95437. APN; (019-370-19).

ACREAGE:

29.21 A±

GENERAL PLAN:

RMR40:

ZONING:

UR:40

COASTAL ZONE:

NO

EXISTING USES:

RESIDENTIAL/CANNABIS

SUPERVISORIAL DISTRICT:

4

TOWNSHIP:

18N

RANGE:

17W

SECTION:

33

USGS QUAD#:

42 (Mendocino)

RELATED CASES ON SITE:

PAC_10-98 (Change General Plan from RMR:40 to RR:10; BL_378-96 (Herbs/Off-Site Sales); BL_271-03(Nursery/Off-Site Sales); B_58-94 (Boundary Line Adjustment);

RELATED CASES IN VICINITY:

N/A

	ADJACENT GENERAL PLAN	ADJACENT ZONING	ADJACENT LOT SIZES	ADJACENT USES
NORTH:	PL	TP	200 A±	RESIDENTIAL
EAST:	FL 160	TP	40 A±	TIMBERLAND
SOUTH:	RR 2	RR2	9.9 A±, 4 A±	RESIDENTIAL
WEST:	RMR 40	UR 40	3.56 A±, 0 A±, 18 A±	RESIDENTIAL

REFERRAL AGENCIES:

☒Planning (FB & Ukiah)

☒Department of Transportation

☒Environmental Health (Ukiah & FB)

☒Building Inspection (Ukiah & FB)

☐Emergency Services

☐Assessor

☐Farm Advisor

☐Agriculture Commissioner

☒Forestry Advisor

☒Air Quality Management District

☐ALUC

☐County Water Agency

☐Archaeological Commission

☒Sonoma State University

☐US Fish & Wildlife Service

☐Trails Advisory Council

☐Native Plant Society

☐State Clearinghouse

☐Caltrans

☒CalFire

☒Department of Fish & Game

☐Coastal Commission

☐RWQCB

☐Division of Mines & Geology

☐Department of Health Services

☒Department of Parks & Recreation

☐Department of Conservation

☐Soil Conservation Service

☐Army Corps of Engineers

☐CHP

☐MTA

☐County Addresser

☒Fort Bragg Rural FPD

☒Sherwood Valley Band

☒Cloverdale Rancheria

☒Redwood Valley Band

ADDITIONAL INFORMATION:

This parcel sits adjacent to Jackson State Demonstration Forest. The applicant is limited to 10,000 sq. ft. of total cultivation at any one time, even though they hold 2 permits. The project will be implemented over two distinct phases. Phase 1 will take place in the existing space that was previously utilized. Phase 2 includes the creation of a 1,000 sq. ft. indoor grow facility, and the build-out of existing improvements.

ASSESSOR’S PARCEL #:

0193701900

PROJECT COORDINATOR:

JESSE DAVIS

PREPARED BY:

JESSE DAVIS

DATE:

7/31/2017

ENVIRONMENTAL DATA

COUNTY WIDE		
Yes	No	
NO		1. Alquist-Priolo Earthquake Fault Zone – Geotechnical Report #GS_____
NO		2. Floodplain/Floodway Map –Flood Hazard Development Permit #FP_____
YES		3. Adjacent to Timberland Production <i>Jackson Demonstration State Forest</i>
NO		4. Within/Near Hazardous Waste Site
NO		5. Natural Diversity Data Base
NO		6. Airport CLUP Planning Area – ALUC#_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Adjacent to State Forest/Park/Recreation Area. <i>Jackson Demonstration State Forest</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Adjacent to Equestrian/Hiking Trail.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Hazard/Landslides Map
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Require Water Efficient Landscape Plan.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Biological Resources/Natural Area Map.
<input type="checkbox"/>	<input type="checkbox"/>	12. Fire Hazard Severity Classification: <input checked="" type="checkbox"/> LRA <i>Fort Braqq Rural FPD; Moderate Fire Hazard</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. Soil Type(s)/Pygmy Soils. <i>Bishop Pine, Western Soil Classes (124 & 224)</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Wild and Scenic River.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Specific Plan Area.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. State Permitting Required/State Clearinghouse Review <i>State Cannabis Permit Required</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Oak Woodland Area



Department of
Planning and Building
Services

Case No:	U-2017-00110
CalFire No:	
Cultivation No:	AG-2017-0233 ← correct
Fee:	2,122.00
Receipt No:	
Received By:	JA
Date Filed:	6/30/2017
Office use only	

Application for Cannabis – Use Permit / Administrative Permit

What type of Review Permit is required?

- ☐ ADMINISTRATIVE PERMIT (AP)
☒ USE PERMIT (UP)

APPLICANT(S)

Name: Alan G. Moore Phone: 415-290-5056
Mailing Address: 3909 17th St. Apt 5
City: San Francisco State/Zip: CA 94114 email: alanm5f@me.com

PROPERTY OWNER

Name: David R. Moore Phone: 415-407-9977 cell
Mailing Address: 15183 Mitchell Creek Dr 707-964-3677 land
City: Fort Bragg State/Zip: CA 95437 email: foodmeds@gmail.com

AGENT

Name: _____ Phone: _____
Mailing Address: _____
City: _____ State/Zip: _____ email: _____

Parcel Size: 29.82 acres

Address of Property: 15183 Mitchell Creek Dr, Fort Bragg, CA 95437

Assessor Parcel Number(s): 019-370-19

TYPE OF CULTIVATION PERMIT:

Size ↓	Type of Permit →	OUTDOOR	INDOOR	MIXED LIGHT
Small: (≤2500 ft ²)	<input type="checkbox"/> C	<input type="checkbox"/> C-A (≤500 ft ²) <input checked="" type="checkbox"/> C-A (501 – 2500 ft ²)	<input type="checkbox"/> C-B	
Medium: (2501 – 5000 ft ²)	<input type="checkbox"/> 1	<input type="checkbox"/> 1-A	<input type="checkbox"/> 1-B	
Large: (5001 – 10,000 ft ²)	<input type="checkbox"/> 2	<input type="checkbox"/> 2-A	<input type="checkbox"/> 2-B	
Nursery: (≤22,000 ft ²)	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	

I certify that the information submitted with this application is true and accurate. I have attached the Consent of Landowner form because I am not the property owner of the parcel on which the cultivation site is located.

Signature of Applicant/Agent

Date

Signature of Owner

Date

CULTIVATION SITE & PROJECT DESCRIPTION QUESTIONNAIRE

1. Does the proposed cultivation site meet the following setbacks?

☒ YES

☐ NO

- 1,000 feet from all youth-oriented facilities, schools, parks, churches, or residential treatment facilities.

☒ **FOR OUTDOOR AND MIXED LIGHT CULTIVATION SITES**

- 100 feet from any legal residential structure located on a separate legal parcel.
- 50 feet from any adjoining legal parcel under separate ownership.
- If in mobile home park, 100 feet from an occupied mobile home under separate ownership.

☒ **FOR INDOOR CULTIVATION SITES**

- Any building property line setbacks.

2. Is the cultivation site visible from any public right of way or publically traveled private road?

☐ YES

☒ NO

3. Please describe the project site. Include improvements such as structures, wells, septic systems, grading, vegetation removal, roads, etc.

This site is 29.2 acres, zoned UR40, three acres cleared, main house, guest cottage, septic, permitted well, indoor growing building, barn/processing of harvests, fenced 7500 sq. ft. of hoop houses, locked/coded keypad front gate, rock driveway thru 3 acres, rock parking area, privacy fencing, deer fencing for dogs and goats. Grading as listed below.

4. Will the development of the proposed cultivation site be phased?

☒ YES

☐ NO

If YES, please describe the phases briefly.

*Phase 1 - existing 1,000 sq. ft. indoor building
Phase 2 - ~~close in~~ convert 720 sq. ft. sunroom attached to indoor building to indoor facility
Phase II, 2500 sq. ft. indoor grow facility build out new building*

5. How will you dispose of hazardous, natural (trimmings), or other (plastics) materials from the cultivation site?

Caspar Transfer Station, Waste Management's HazMat day, natural trimmings are spread on pasture or composted.

6. Have you constructed in the past, are constructing, or plan to construct any roads? Grading?

☐ YES

☐ NO

If YES, please complete the following:

- | | | |
|------------------------------------|---|-----------------------------------|
| A. Amount of cut: | <u>20</u> | cubic yards |
| B. Amount of fill: | <u>0</u> | cubic yards |
| C. Maximum height of cut slope: | <u>3</u> | feet |
| D. Maximum height of fill slope: | <u>5</u> | feet |
| E. Amount being imported/exported: | <u>0</u> | cubic yards |
| F. Location of borrow/disposal: | <input checked="" type="checkbox"/> ON-SITE | <input type="checkbox"/> OFF-SITE |

7. In order to develop the proposed cultivation site, will it be necessary to:

- A. Remove oak species or commercial tree species?
B. Make substantial changes in terrain?
C. Connect to existing water district?
D. Connect to existing sewer district?
E. Install a septic system?
F. Connect to existing septic system?
G. Install an individual well?

YES

☐
☐
☐
☐
☐
☐
☐

NO

☒
☒
☒
☒
☒
☒
☒

H. OTHER (Explain)?

8. Please provide an inventory of the structures on the property. If additional space is needed, please provide a separate sheet. Please note improvements may be subject to permit requirements. Please include size of structures.

1. Main residence - 1869 sq. ft.
2. guest cottage - 774
3. indoor grow facility - 1,000 sq. ft.
4. barn - curing, processing of harvest - 1800 sq. ft.
5. pump house - 50 sq. ft.
6. storage shed - 50 s. ft.
7. storage shed - 100 sq. ft.
8. container 8 x 20
9. container 8 x 40
10. _____

9. Are there any contiguous properties and/or projects (unrelated to cannabis) under your ownership? ☐ YES ☒ NO

10. Will the proposed cultivation site convert land currently or previously used for agriculture? ☐ YES ☒ NO

If YES, how much land is being converted? _____ (ft² / acres)

11. Will the proposed cultivation site require the construction of a pond OR will it involve diking, filling, or dredging?

☒ NO

- ☐ YES, the project will involve:
- | | |
|---|--|
| <input type="checkbox"/> Construction of a pond | - a total of _____ cubic yards will be moved |
| <input type="checkbox"/> Diking | - a total of _____ cubic yards will be moved |
| <input type="checkbox"/> Filling | - a total of _____ cubic yards will be moved |
| <input type="checkbox"/> Dredging | - a total of _____ cubic yards will be moved |

12. Briefly describe the surrounding properties including vegetation, animals, structures, and/or cultural/historic assets.

Mostly residential, redwood forest or cleared, Jackson
State Forest to north, No cultural/historic assets. Small
animals, household pets.

13. Please indicate the surrounding land uses.

	NORTH	EAST	SOUTH	WEST
Vacant				
Residential/Agricultural		X	X	X
Commercial/Industrial				
Institutional/Timberland	X			
Other				

14. Utilities will be supplied to the site as follows:

A. Electricity

- ☒ Utility Company (existing)
☐ Utility Company (planned)
☐ On-Site Generation - Specify _____

B. Gas

- ☒ Utility Company (existing) *thanks*
☐ Utility Company (planned)
☐ On-Site Generation - Specify _____
☐ None

C. Water

- ☐ Community water system - Specify supplier _____
☒ Well
☐ Spring
☐ Pond
☐ Other - Specify _____

D. Sewage

- ☐ Community sewage system - Specify supplier _____
☒ Septic Tank
☐ Other - Specify _____

15. Will there be any security lighting? ☒ YES ☐ NO If YES, will the light be cast downward? ☒ YES ☐ NO

16. Will you have employees? ☒ YES ☐ NO

If YES, how many employees will you have? *5th*

If employees are residing onsite, please indicate the structure they will be residing.

Guest cottage and main house.

17. Will there be any processing of cannabis on site (trimming, leaf removal, curing, drying, etc)? ☒ YES ☐ NO

18. If you answered YES to the previous question (17), please describe the activities.

Processing of harvests is done in barn, drying thru packaging.

19. Please provide driving directions to the cultivation site using identifiable landmarks (streets, mile posts, mailboxes).

Traffic roundabout to Simpson Lane east to Mitchell Creek Dr right turn, 2 mi approx, to 15183 on left, Number on mail box and higher up tree trunk. Go xgals to green metal gate, keypad code is 9977#

I certify that the information submitted with this application is true and accurate:

Signature of Applicant/Agent

Date

6-27-17

Signature of Owner

Date

6-27-2017

FOR STAFF PURPOSES ONLY

Zoning District: _____

Subject to Sunset Provision [MCC 10A.17.080(B)(2)(b)]? ☐ YES ☐ NO

Compliant with Mendocino County Code Chapter 20.242: ☐ YES ☐ NO

AUTHORIZATION OF AGENT

1. I hereby authorize _____ to act as my representative and to bind me in all matters concerning this application.

Owner

Date

CERTIFICATION AND SITE VIEW AUTHORIZATION

1. I hereby certify that I have read this completed application and that, to the best of my knowledge, the information in this application, and all attached appendices and exhibits, is complete and correct. I understand that the failure to provide any requested information or any misstatements submitted in support of the application shall be grounds for either refusing to accept this application, for denying the permit, for suspending or revoking a permit issued on the basis of such misrepresentations, or for seeking of such further relief as may seem proper to the county.
2. I hereby grant permission for County, Planning and Building Services staff, and hearing bodies to enter upon and site view the premises for which this application is made in order to obtain information necessary for the preparation of required reports and render its decision.


Owner/Authorized Agent

6-27-2017
Date

INDEMNIFICATION AND HOLD HARMLESS

ORDINANCE NO. 3780, adopted by the Board of Supervisors on June 4, 1991, requires applicants for discretionary land use approvals, to sign the following Indemnification Agreement. Failure to Sign this agreement will result in the application being considered incomplete and withheld from further processing.

INDEMNIFICATION AGREEMENT

As part of this application, applicant agrees to defend, indemnify, release and hold harmless the County of Mendocino, its agents, officers, attorneys, employees, boards and commissions, as more particularly set forth in Mendocino County Code Section 1.04.120, from any claim, action or proceeding brought against any of the foregoing individuals or entities, the purpose of which is to attack, set aside, void or annul the approval of this application or adoption of the environmental document which accompanies it. The indemnification shall include, but not be limited to, damages, costs, expenses, attorney fees or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, whether or not there is concurrent, passive or active negligence on the part of the County, its agents, officers, attorneys, employees, boards and commissions.

1. I, David R. Moore, hereby agree to the above Indemnification Agreement.
(Print Name)


Owner/Authorized Agent

6-27-2017
Date

To facilitate proper handling of this application, please indicate the names and mailing addresses of individuals to whom you wish correspondence mailed to if different from those identified on the Application for Cannabis Cultivation page.

Name	Name	Name
Mailing Address	Mailing Address	Mailing Address

DIANE CURRY
Interim Agricultural
Commissioner



ARIF KEVER
Assistant Agricultural
Commissioner
Assistant Sealer of Weights &
Measures

COUNTY OF MENDOCINO
DEPARTMENT OF AGRICULTURE

CONTACT INFORMATION
890 N Bush Street
Ukiah, California 95482
TELEPHONE: (707) 234-6830
FAX: (707) 463-0240
Email: agcomm@co.mendocino.ca.us
Web: www.co.mendocino.ca.us

PROPERTY OWNER CONSENT FORM
TO ALLOW MEDICAL CANNABIS CULTIVATION

I, Dario R. Moore, declare under penalty of perjury that:

1. I am the record title owner of the property located at:

15183 Mitchell Creek Dr.
Fort Bragg, CA 95437
(Physical Address)

Mendocino County, California, APN 019-370-19, or the title owner is a trust or business entity named, N/A

And I have been duly authorized to represent such trust or business entity for purposes of executing this document.

2. I, or the trust or business entity I represent, am aware that the applicant is in the process of applying to the Mendocino County Department of Agriculture for a permit to cultivate medical cannabis on the property described above in conformance with all the provisions of Chapters 10A.17 and 20.242 of the Mendocino County Code.
3. I, or the trust or business entity I represent, understand that, as the owner of the parcel containing a Medical Cannabis Cultivation Site, I am required to sign this agreement in order for the applicant's application to go forward and understand that I may be liable under local, state, or federal law for the cannabis cultivation activities I am allowing on my property.

Signed this 27th day of June, 2017

[Signature]
(Landowner Signature)

(Renter Signature)



DEPARTMENT OF FORESTRY AND FIRE PROTECTION

Mendocino Unit
17501 North Highway 101
Willits, CA 95490
(707) 459-7414
Website: www.fire.ca.gov

1159-7424 Prevention Bureau
willits Brandon Gam
Capt.



FIRE SAFETY REGULATIONS APPLICATION PACKAGE INSTRUCTIONS FOR COMPLETION

To ensure that the California Department of Forestry and Fire Protection (CAL FIRE) can adequately identify which regulations apply to your project and/or respond to your inquiry we ask that you do the following;

- 1) Print neatly IN PEN or type application. Fill in ALL application information.
- 2) Be as thorough as possible within the space provided.
- 3) **Answer all questions-Failure to do so may result in your application being returned.**
- 4) Use the example in helping prepare your site plan on the provided 8-1/2 x 11" graph paper.
- 5) For residential dwellings, garages, and accessory buildings, do not supply architectural drawings, unless the size of the project requires it.
- 6) Subdivisions and parcel splits should include tentative parcel maps.
- 7) Show all existing and proposed roads, driveways, bridges, gates, setbacks, property lines and water systems and indicate distances between all buildings and property lines. Show widths, lengths, and steepness (in % grade) of proposed roads and driveways.
- 8) Make sure you have signed the application and mail or deliver to the address on the front page. Office hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.
- 9) Your application will be held at the Howard Forest CAL FIRE Headquarters Office for pickup or mailed to: (1) The applicant/owner, or (2) Your agent, **PLEASE INDICATE WHICH YOU WOULD PREFER.** *Because of CAL FIRE's response to emergency incidents and other routine responsibilities, please allow up to two weeks for processing your application.*
- 10) *Please make a copy of the completed application (with the attached "Conditions of Approval") for your files before submitting to Mendocino County Planning & Building Services. Contact the CAL FIRE Headquarters Office to Request a Final Inspection when you have COMPLETED the criteria outlined in your Conditions of Approval.*

CONSERVATION IS WISE-KEEP CALIFORNIA GREEN AND GOLDEN

PLEASE REMEMBER TO CONSERVE ENERGY. FOR TIPS AND INFORMATION, VISIT "FLEX YOUR POWER" AT WWW.CA.GOV.



DEPARTMENT OF FORESTRY AND FIRE PROTECTION

Mendocino Unit
17501 North Highway 101
Willits, CA 95490
(707) 459-7414
Website: www.fire.ca.gov

CAL FIRE File #

To be completed by CAL FIRE

-OFFICE USE ONLY-

STATE FIRE SAFE REGULATIONS APPLICATIONS FORM

Please complete the following and submit to the California Department of Forestry and Fire Protection (CAL FIRE). **See the attached Homeowner's Summary of Fire Prevention and Loss Reductions Laws to ensure your plans will meet the requirements.** If not, you will be required to propose and submit an exemption (Detailed in Item #19) for the Department's review. Failure to submit a proposed exemption when required will result in delays. CAL FIRE will strive to work with landowners who require an exemption, however, submitting an exemption in itself, does not guarantee it will be accepted by CAL FIRE.

1. Name, Mailing Address and Phone Number of Property Owner:

David Moore
15183 Mitchell way
Fort Bragg CA 95437

Phone: 415 407 9977

2. Name, Mailing Address and Phone Number of Agent representing the Property Owner:

Gregory Stevens
19261 Summers Lane
Fort Bragg CA 95437

Phone: 707 357 0661

Mail correspondence to:

☐ Owner OR ☐ Agent OR ☒ Pick-up at Howard Forest

3. Address/Location of proposed building site:

15183 Mitchell way
Fort Bragg CA
95437

APN: 019-370-19

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Is it accessible, gate, locked? If so, gate combination or instructions to access:

locked gate. 9977*

4. Type of Project – CHECK ONE

☐ Subdivision

Current acreage before split: _____

Number of new parcels to be created: _____

Acreage of newly created parcels: _____

☒ Use Permit

Describe your project, include dates, times, number of people, roads used or required, etc.

Commercial agriculture.

☐ Building Permit

☐ New building, ☐ Remodel, ☐ Class K, ☐ Replacement, ☒ Other hoop house

_____ Size in square feet of Single Family dwelling, if applicable.

_____ Size in square feet of attached garage, if applicable.

_____ Size in square feet of proposed detached garage, if applicable.

6000.50 Size in square feet of proposed accessory building(s), if applicable.

_____ Size in square feet of other proposed structure, if applicable.

TOTAL SQUARE FOOTAGE

Briefly describe the type of structure you will be building:

Multiple 11' by 90' hoop house for agricultural.

5. ☒ Yes ☐ No -- Is project location map attached showing access to the site?

6. ☒ Yes ☐ No -- Was the subject parcel created PRIOR to January 1, 1992?

If NO please answer a & b below:

a. ☐ Yes ☐ No -- Is the structure within ½-mile driving distance of a working fire hydrant?

b. ☐ Yes ☐ No -- Is the structure within a 5-mile driving distance of a year round fire station?

Set Back Standard- If YES to # 7 and NO to # 8, an exemption will be required.7. ☒ Yes ☐ No -- Is the subject parcel 1 acre or larger?8. ☒ Yes ☐ No -- Will the proposed structure(s) be 30 ft. or more from ALL property lines?**Road and Driveway Standards** -Roads or driveways deviating from the Standards will require an exemption.9. ☐ Yes ☒ No -- Will your project require construction of a new road?

If so, how long in feet or miles? _____

If so, what is the maximum grade(%)? _____

10. ☐ Yes ☒ No -- Will your project require the extension of an existing road?

If so, how long in feet or miles? _____

If so, what is the maximum grade(%)? _____

11. ☐ Yes ☒ No -- Will your project require construction of a new driveway?

If so, how long in feet or miles? _____

If so, what is the maximum grade(%)? _____

12. ☒ Yes ☐ No -- Will your project require the extension of an existing driveway?If so, how long in feet or miles? 180'If so, what is the maximum grade(%)? 4%

13. If NO to 9-12 above, Describe the existing road/driveway:

14. Describe the turnout locations, their spacing, and the turnaround or hammerhead "T" related to your project and the standards ensure it meets the required standard or an exemption will be needed.

Extension of driveway for cal face roundabout.

50' diameter circle driveway.

15. ☐ Yes ☒ No -- Are there existing bridges en route to the proposed project located on your property?16. ☐ Yes ☒ No -- Will this project require any bridges to be constructed/installed?

CONSERVATION IS WISE-KEEP CALIFORNIA GREEN AND GOLDEN

PLEASE REMEMBER TO CONSERVE ENERGY. FOR TIPS AND INFORMATION, VISIT "FLEX YOUR POWER" AT WWW.CA.GOV

Timber and Land Conversion Activities- FOR TIMBER RELATED QUESTIONS, PLEASE CALL 707-459-7440.

17. ☐ Yes ☒ No -- Will trees be cut and timber products sold, bartered, traded or exchanged?

If YES, may require a harvest permit from CAL FIRE Resource Management.

18. ☐ Yes ☒ No -- Will timberland be converted to non-timber growing use?

If YES, may require a harvest permit from CAL FIRE Resource Management.

Exemption Request

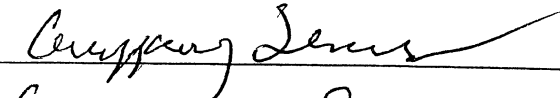
19. ☐ Yes ☒ No -- Are you requesting any exemptions to the Fire Safe Regulations?

If YES, attach a separate page identifying the applicable section of State Law pertinent to your request, material facts supporting the request, the details of the exemption or mitigation measures proposed, and a map showing the proposed location of the exemption or mitigation measure.

An exemption may be granted only if it is "necessary due to health, safety, environmental conditions, physical site limitations or other limiting conditions such as recorded historical sites" and if it "provides the same overall practical effect as these [fire safe] regulations towards providing defensible space." (Cal. Code Regs., tit. 14, §§ 1270.07, 1271.00.) An exemption may not allow avoidance of the standards. An exemption is an "alternative...that provides mitigation of the problem."

I hereby agree to maintain the property in compliance with the Fire Safe Requirements established in the Public Resources Code Section 4290.

SIGNATURE OF PROPERTY OWNER OR AGENT





Print Name



Date: June 15, 2016

To: David Moore
15183 Mitchel Creek Drive
Fort Bragg, CA 95437
APN: 019-370-19

From: Chris Moore, Riparian/Permaculture Specialist
Pacific Watershed Associates Inc.
P.O. Box 4433, Arcata, CA 95518-4433
chrism@pacificwatershed.com / 707-839-5130

Subject: Enrollment in NCRWQCB Cannabis Cultivation Waste Discharge Regulatory Order (Order No. R1-2015-0023)

Dear David Moore,

This memo is to inform you that your Notice of Intent (NOI) has been filed and you have been successfully enrolled in the North Coast Regional Water Quality Control Boards' (NCRWQCB) Cannabis Cultivation Waiver of Waste Discharge Regulatory Order (Order) as a Tier 2 discharger through Pacific Watershed Associates' (PWA) approved Third Party Program.

Your Unique PWA assigned ID# for APN 019-370-19, located in Fort Bragg, CA, is **PWA180101080703-5273**. This PWA ID number identifies your property(s) and has been submitted to the NCRWQCB in Santa Rosa. We are waiting for the NCRWQCB to assign your unique Waste Discharger ID number (WDID) as part of your waiver enrollment. The WDID is the NCRWQCB's way to account for your property within their program, rather than using your name or parcel number. We will forward the assigned WDID number to you when we receive it from the NCRWQCB.

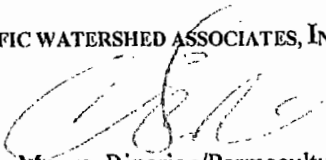
PWA is currently preparing your Water Resource Protection Plan (WRPP) which, as you know, must be completed within 180 days from the date you were enrolled. The WRPP will itemize the actions that need to be implemented on your property to protect water quality and meet the requirements of the Order. When the WRPP is completed we will meet with you to go over the document, including its findings and prioritized recommendations for corrective actions, if any, and to review the next steps that are described in the WRPP.

During our initial site inspection, PWA technical staff may have suggested you undertake certain improvements and monitoring activities on your property that can be accomplished without a regulatory permit or agreement with the State or County. These include activities like recording the timing and volume of water, chemicals, fuels and fertilizer used on the property, as well as certain housekeeping activities such as cleaning up the property, properly housing or covering the above mentioned materials, etc. Until your WRPP is completed, you should be following the suggestions that were provided.

PWA advises that you not undertake any activities on your property that require regulatory permitting or approval, such as new grading, altering riparian streamside areas, altering the bed or banks of a stream channel, replacing culverts, clearing forestlands, building new structures, disposing of spoil, etc., unless the appropriate permit applications have been filed and approved. Otherwise, you will be at risk for regulatory enforcement action from local and state agencies. If you are uncertain if a permit may be needed for work you are planning, please contact me.

If you have any questions or require further information please contact our office at your earliest convenience. If I am unavailable, I or someone else from PWA will return your call. PWA is looking forward to working with you and to providing you with the services you need throughout this process.

PACIFIC WATERSHED ASSOCIATES, INC.


Chris Moore, Riparian/Permaculture Specialist
chrism@pacificwatershed.com

Pacific Watershed Associates • PO Box 4433 • Arcata, CA 95518-4433 / 707-839-5130 / www.pacificwatershed.com
Geologic & Geomorphic Studies • Civil Engineering • Farm & Ranch Planning • Environmental Services • Regulatory Compliance

**State Water Resources Control Board
DIVISION OF WATER RIGHTS
INITIAL STATEMENT OF WATER DIVERSION AND USE**

A STATEMENT SHALL NOT ESTABLISH OR CONSTITUTE EVIDENCE OF A WATER RIGHT
READ THE ATTACHED INFORMATION AND INSTRUCTION SHEET BEFORE COMPLETING THIS FORM
FURTHER INFORMATION CAN BE FOUND IN WATER CODE, SECTIONS 5100-5107

Diverter Information			
Diverter Name(s) David R. Moore			
Mailing Address 15183 Mitchell Creek Drive	City Fort Bragg	State CA	Zip 95437
Phone Number 415-407-9977	Email Address (if available) foodmeds@gmail.com		

Person Filing Statement			
(If different from diverter information above)			
Person Filing Statement Name			
Mailing Address	City	State	Zip
Phone Number	Email Address (if available)		

Land Owner Name			
Land Owner Name David R. Moore			
Mailing Address 15183 Mitchell Creek Drive	City Fort Bragg	State CA	Zip 95437
Phone Number 415-407-9977	Email Address (if available) foodmeds@gmail.com		

Mail Receiver:	
(Select one only)	
<input checked="checked" type="radio"/> Diverter	<input type="radio"/> Person Filing Statement

Checklist for Submission of an Initial Statement of Water Diversion and Use	
<input type="checkbox"/> Answer each question completely	
<input type="checkbox"/> Attach map referenced in Section 4 with outline of Place of Use. Include Point of Diversion location if not identified in Section 3	
<input type="checkbox"/> Sign and Date form	

UPON COMPLETION OF THIS STATEMENT, ATTACH ALL SUPPORTING DOCUMENTATION AND MAPS AND MAIL TO:

State Water Resources Control Board
Division of Water Rights
PO Box 2000
Sacramento, CA 95812-2000

Or email to

DWR-statements@waterboards.ca.gov

Additional copies of this form, instructions on how to complete this form, and water right information can be obtained at
http://www.waterboards.ca.gov/waterrights/water_issues/programs/diversion_use/

Revised March 2017

Initial Statement of Water Diversion and Use

Page 2 of 4

Section 1: Type of Claim

(Select all that apply to the type of claim(s) under which you are diverting water)

☐ Riparian ☐ Pre-1914 ☐ Court Decree ☐ Pending Appropriative Application ☐ Pueblo ☒ Other: Well

*If you checked Court Decree, Pending Appropriative Application, or Other, list the Decree Number, Application ID Number or Status or provide an explanation
Ground Water Well

List any related existing water rights, if applicable (e.g. Appropriative Water Right ID: A012345)

Riparian

Section 2: Water Course Description

Water Course Name at the Point of Diversion (POD)

N/A - Groundwater Well

Water Course is tributary to

N/A

Section 3: Point of Diversion and Legal Land Description

Provide the location of the POD using one of the following methods (check one box and enter data if applicable)

☒ Latitude/Longitude Measurements: Latitude: 39°22'17.35"N Longitude: 123°45'58.93"W

☐ California Coordinate System (NAD1983) North: East: Zone:

☒ USGS Topographic Map with Point of Diversion labeled on map (If checked, map must identify Point of Diversion)

Assessor's Parcel Number (APN) where Point of Diversion is located (if APN has been assigned)

019-370-019

County

Mendocino

Provide Public Land Description to nearest 40 acres (if assigned)

SE ¼ of the SW ¼ of Section 33 Township T17N Range R17W B&M Humboldt

Section 4: Place of Use Description

(Check boxes indicating each map to be provided)

Identify the location of the place of use on a specific United States Geological Survey (USGS) Topographic Map, or County Assessor's parcel map or any other maps with identifiable landmarks. If assigned, provide the public land description to the nearest 40-acre subdivision and the assessor's parcel number.

☒ USGS Topographic Map ☐ County Assessor's Parcel Map ☐ Map with identifiable landmarks

Provide a general description of the area in which the water was used (e.g. Domestic water supply for house, and irrigated crops, campground, etc.)

Water from the well is used as domestic water supply for 8 permanent residents, 2 seasonal workers, and used to irrigate crops.

Assessor's Parcel Number(s), where the water was used (if APNs have been assigned)

019-370-019

Section 5: Purpose of Use Description

(Select all that apply)

☒ Irrigation
Number of acres:

0.12

☒ Domestic
Maximum number of persons served:

10

☐ Stock watering
Number and type of stock:

☐ Other
Explain:

Initial Statement of Water Diversion and Use

Page 3 of 4

Section 6: Special Use

(If you have selected Yes to the question below, please fill out Special Use Attachment at the end of this form)

During the previous calendar year, were you using any water diverted under this statement for the cultivation of cannabis?



Yes



No

Section 7: Diversion Works Description

Name of Diversion Works, if you wish to name (e.g. Bob's Pump)

David's Well

Year in which diversion began, to the best of your knowledge. (Specify single year)

1991

Type of Diversion Facility (Select one only)*

*A separate Initial Statement of Water Diversion and Use must be filed for EACH diversion



Gravity



Water Course Pump



Well Pump



Other: _____

Direct Diversion Information

Do you directly divert water?

(Direct refers to water taken and used immediately)



Yes



No

If Yes, identify Direct Diversion Works flow rate and Unit

Rate: _____



Cubic Feet per Second



Gallons per Minute



Gallons per Day

Storage Diversion Information

Do you divert to storage?

(If no, skip to Section 8)



Yes



No

If Yes, identify type of Storage



On-stream Storage (if on-stream, fill in Subsection A below)



Off-stream Storage (if off-stream, fill in subsections A and B below)

(A) Capacity of Storage Tank(s) or Reservoir identified in Acre-Feet or Gallons

Quantity: 12,700.000



Gallons



Acre-Feet

(B) Maximum Diversion Rate of Storage Diversion Works

Rate: 5.00



Cubic Feet per Second



Gallons per Minute



Gallons per Day

Section 8: Quantity of Water Diverted

(Provide the quantity of water diverted each month of the prior calendar year for all purposes)

Data being provided for calendar year: 2016

Measurement provided in:



Gallons



Acre-Feet

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
12,666.000	12,666.000	12,666.000	12,666.000	12,666.000	13,916.000	13,966.000	17,466.000	17,466.000	17,466.000	12,466.000	12,466.000	168,542.000

Section 9: Maximum Rate of Diversion per month

(If data is available)

Data being provided for calendar year: 2016

Measurement provided in:



Cubic Feet per Second



Gallons per Minute



Gallons per Day

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
3.500	3.500	3.500	3.500	3.500	3.500	3.500	3.500	3.500	3.500	3.500	3.500

Section 10: Recent Water Use

Provide data of annual water use in recent years

Minimum: 150,000.000



Gallons



Acre-Feet

Maximum: 180,542



Gallons



Acre-Feet

Initial Statement of Water Diversion and Use

Page 4 of 4

Section 11: Water Conservation Efforts/Conjunctive Use

(Answer only fields applicable to your diversion)

Are you currently employing any methods of water conservation?

☒ Yes ☐ No

If Yes, describe any water conservation efforts in use:

Controlled hand watering, and timed watering.

Are you now or have you been using reclaimed water from a wastewater treatment facility, desalination facility or water polluted by waste to a degree that unreasonably affects such water for other beneficial uses?

☐ Yes ☒ No

Are you using groundwater in lieu of surface water?

☒ Yes ☐ No**Section 12: Water Diversion Measurement**

As a diverter, you may be required to measure your diversion rate and use of water. Details on your obligation to measure diversions are located at http://www.waterboards.ca.gov/waterrights/water_issues/programs/diversion_use/water_use.shtml or in the instructions at the end of this form on page 5 of 5.

I have reviewed the measurement requirements; I certify that I understand and will comply with the measurement regulations.

(Initial here to certify)

Based on the measurement regulations, check the appropriate box below:

☐ I am required to measure as of the date this form is submitted☒ I am not required to measure as of the date this form is submitted

Additional information regarding measurement of diversions

- If you are required to measure your diversion, you will need to provide information about your measurement device, the accuracy of your device, method of installation and other questions on a supplemental statement of water diversion and use during the next calendar year. Samples of questions regarding measurement for supplemental statements are located at http://www.waterboards.ca.gov/waterrights/water_issues/programs/ewrims/docs/statement.pdf
- If you have or will be cultivating cannabis, measurement of your diversions and storage will be required in accordance with the Cannabis Cultivation Policy (Policy), which is currently under development. Updates on the Policy are located at http://www.waterboards.ca.gov/water_issues/programs/cannabis/cannabis_water_rights.shtml

Section 13: Signature

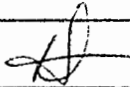
I declare that the information in this report is true to the best of my knowledge and belief.

THE STATE WATER RESOURCES CONTROL BOARD MAY RELY ON THE NAMES AND ADDRESSES ON THIS DOCUMENT FOR MAILING NOTICES REGARDING PROCEEDINGS BEFORE THE BOARD. (Wat. Code, §5106, subd. (b)(1).)

SUPPLEMENTAL STATEMENTS OF WATER DIVERSION AND USE SHALL BE FILED ANNUALLY, BEFORE JULY 1 OF EACH YEAR OR IF THERE IS A CHANGE IN THE NAME OF ADDRESS OF THE DIVERTER. (Wat. Code, §5104.)

THE MAKING OF A WILLFUL MISSTATEMENT ON A STATEMENT OF WATER DIVERSION AND USE IS A MISDEMEANOR PUNISHABLE BY A FINE NOT EXCEEDING \$1,000 OR BY IMPRISONMENT IN THE COUNTY JAIL FOR UP TO SIX MONTHS, OR BOTH. THE BOARD MAY IMPOSE CIVIL LIABILITY UPON A PERSON WHO KNOWINGLY MAKES A MATERIAL MISSTATEMENT ON THIS FORM (Wat. Code §5107.)

Signature:



Date:

6-23-2017

Printed Name:

David

Russell

Moore

(first name)

(middle name)

(last name)

State Water Resources Control Board
DIVISION OF WATER RIGHTS
INITIAL STATEMENT OF WATER DIVERSION AND USE
SPECIAL USE ATTACHMENT

This attachment is for additional information related to the special use of diverted water for cannabis cultivation, and must be attached to the Statement of Water Diversion and Use form for the claimed right under which water was diverted.

Cannabis Cultivation Information												
(This section should only be filled out if Yes was selected in Section 6: Special Use regarding the prior year usage of diverted water for cannabis cultivation)												
Subsection 1: Special Use												
Provide the calendar year associated with reporting under this water right: <u>2016</u>												
Provide the total amount of water used under this water right for cannabis cultivation during the calendar year Quantity <u>12,550.00</u> <input checked="" type="radio"/> Gallons <input type="radio"/> Acre-Feet												
Subsection 2: Cultivation Size and Lighting Conditions												
Provide the APN(s) for all parcel(s) where cannabis is cultivated with water used under this right: <u>019-370-019</u>												
Provide the amount of cannabis cultivated under this water right during the calendar year by lighting condition type.												
	Indoor	Outdoor	Mixed Light									
Cultivated canopy size in square feet		5,100		Square Feet								
Total number of plants harvested during the calendar year		305		Plants harvested								
Number of Harvests		1		Harvests								
Subsection 3: Watering Method												
Check all irrigation methods that have been used to cultivate cannabis? (Check all that apply)												
<input checked="" type="checkbox"/> Hand water <input type="checkbox"/> Drip/micro-spray irrigation <input type="checkbox"/> Flood Irrigation <input type="checkbox"/> Row Irrigation <input type="checkbox"/> Other: _____												
Subsection 4: Commercial Use												
Is your cultivation of cannabis a commercial cannabis activity? <input checked="" type="radio"/> Yes <input type="radio"/> No												
<i>If you intend to apply for a license under California Department of Food and Agriculture's Medical Cannabis Cultivation Program, your response will help the State Water Board to efficiently coordinate with the California Department of Food and Agriculture to verify your water source as required under Business and Professions Code section 19332.2.</i>												
Subsection 5: Quantity of Water Diverted for the Purpose of Cannabis Cultivation												
Provide monthly diversion data specific to the cultivation of cannabis. If this is the same data as identified in the Initial Statement of Water Diversion and Use: Section 8: Quantity of Water Diverted, check this box <input type="checkbox"/> and leave the rest of this subsection blank.												
Data being provided for calendar year: <u>2016</u> Measurement provided in: <input checked="" type="radio"/> Gallons <input type="radio"/> Acre-Feet												
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
500.000	500.000	500.000	500.000	500.000	1,750.000	1,800.000	2,300.000	2,300.000	1,300.000	300.000	300.000	12,550.000

DIANE CURRY
Interim Agricultural Commissioner

PHONE (707) 234-6830
FAX (707) 463-0240



ARIF KEVER
Assistant Agricultural Commissioner
Assistant Sealer of Weights & Measures

EMAIL agcomm@co.mendocino.ca.us
WEBSITE www.co.mendocino.ca.us/agriculture

COUNTY OF MENDOCINO
DEPARTMENT OF AGRICULTURE
890 N Bush St.
Ukiah CA 95482

Security Plan

Applicant(s): The Magic Goat Group
APN: 019-390-19
Address: 15183 Mitchell Creek Dr
Fort Bragg, CA 95437

Please provide a statement describing the proposed security measures for the facility that shall be sufficient to ensure the safety of members and employees and protect the premises from theft.

Types of Security Measure

Yes No

- ☒ ☒ Security Lighting
☒ ☐ Locked Building and Structures
☒ ☐ Security Cameras
☐ ☐ Video Storage?

(coming soon)

- ☒ ☒ Security Alarm
☒ ☐ Monitored

(coming soon)

- ☒ ☐ Access Control

By who Approved persons only

(I.E. What method(s) are used to prevent non-legitimate farm workers/members of the collective from accessing any cannabis related are?)

Worker members forbid any non worker from entering
our secured cannabis related areas. Front and only
gate in is keypad entry.

- ☒ ☒ Contracted Security Company

(coming soon)

- ☒ ☐ Onsite Staff

Hours Present noon to noon

Days/week

7 (24/7)

- ☒ ☐ Guard Dog(s)

If yes,

- ☒ ☐ Constrained or restrained for inspections?

List other Security Measures:

A sign for the security company. 7 ft fencing with
locked gates around cannabis areas.

QUADRUPLICATE
For Local Requirements

STATE OF CALIFORNIA
WELL COMPLETION REPORT
Refer to Instruction Pamphlet

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

Page of

Owner's Well No. 7-19-91 No. **484151**

Date Work Began 7-19-91 Ended 7-19-91

Local Permit Agency MENDOCINO COUNTY

Permit No. 10112 Permit Date 7-3-91

GEOLOGIC LOG				WELL OWNER	
ORIENTATION (✓) <u>V</u> VERTICAL <u> </u> HORIZONTAL <u> </u> ANGLE <u> </u> (SPECIFY)				Name <u>PAM WICKSTROM</u>	
DEPTH TO FIRST WATER <u> </u> (Ft.) BELOW SURFACE				Mailing Address <u>P.O. BOX 2595</u>	
DESCRIPTION <i>Describe material, grain size, color, etc.</i>				City <u>FORT BRAGG</u> STATE <u>CA</u> ZIP <u>95437</u>	
DEPTH FROM SURFACE Ft. to Ft.			Address <u>15183 MITCHELL CREEK DR</u>		
			City <u>FORT BRAGG</u>		
			County <u>019</u> <u>370</u> <u>08</u>		
			APN Book <u>18N</u> Page <u>17W</u> Parcel <u>33</u>		
			Township <u> </u> Range <u> </u> Section <u> </u>		
			Latitude <u> </u> NORTH Longitude <u> </u> WEST		
DEPTH TO FIRST WATER <u> </u> (Ft.) BELOW SURFACE				LOCATION SKETCH	
<div style="text-align: center;"> </div>				ACTIVITY (✓) <u>X</u>	
				NEW WELL	
				MODIFICATION/REPAIR	
				<u> </u> Deepen	
				<u> </u> Other (Specify)	
				DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")	
				PLANNED USE(S)	
				<u> </u> MONITORING	
				WATER SUPPLY	
				<u> </u> Domestic	
<u> </u> Public					
<u> </u> Irrigation					
<u> </u> Industrial					
<u> </u> "TEST WELL"					
<u> </u> CATHODIC PROTECTION					
<u> </u> OTHER (Specify)					
DRILLING METHOD <u>MUD ROTARY</u> FLUID <u>MUD</u>				WATER LEVEL & YIELD OF COMPLETED WELL	
DEPTH OF STATIC WATER LEVEL <u>3.5</u> (Ft.) & DATE MEASURED <u> </u>				AIR LIFT	
ESTIMATED YIELD <u> </u> (GPM) & TEST TYPE <u> </u>					
TEST LENGTH <u> </u> (Hrs.) TOTAL DRAWDOWN <u> </u> (Ft.)					
<i>* May not be representative of a well's long-term yield.</i>					
TOTAL DEPTH OF BORING <u>100</u>					
TOTAL DEPTH OF COMPLETED WELL <u>100</u> (Feet)					

DEPTH FROM SURFACE		BORE-HOLE DIA. (Inches)	CASING(S)					DEPTH FROM SURFACE		ANNULAR MATERIAL			
Ft.	to Ft.		TYPE (✓)	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	Ft.	to Ft.	TYPE	CE-MENT (✓)	BEN-TONITE (✓)	FILL (✓)
0	30	10	BLANK	F-480	6	#200	0	20	X	X	X	X	1/8 MESH
30	100	10	Y	F-480	6	#200	20	100	X	X	X	X	1/8 MESH

ATTACHMENTS (✓)	CERTIFICATION STATEMENT
<u> </u> Geologic Log <u> </u> Well Construction Diagram <u> </u> Geophysical Log(s) <u> </u> Soil/Water Chemical Analyses <u> </u> Other <u> </u>	<p>I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.</p> <p style="text-align: center;">KELLEY PUMP AND DRILLING, INC.</p> <p>NAME (PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED) <u>P.O. BOX 272</u></p> <p>ADDRESS <u>FORT BRAGG</u> CITY <u>CA</u> STATE <u>95437</u></p> <p>Signed <u>MICHAEL KELLEY</u> DATE SIGNED <u>7-19-91</u></p> <p style="text-align: center;">WELL DRILLER/AUTHORIZED REPRESENTATIVE</p>

Application is hereby made to the Mendocino County Division of Environmental Health for a permit to construct, reconstruct, or destroy a water well in compliance with the Code of Mendocino County.

APPLICANT TO COMPLETE ITEMS (1)-(9)

(1) ADDRESS 15183 Mitchell Creek Dr.
Ft. Bragg
Assessor's Parcel No. 019-370-08
Land Division No. _____
Parcel No. _____
Parcel Size _____
(2) OWNER Pam W. Johnson
Business Name (if applicable) _____
Mailing Address Bx. 2595
Ft. Bragg, CA
Telephone No. 9640605

(3) TYPE OF WORK
New Well ☒ Test Hole ☐
Reconstruction ☐ Other ☐
Destruction ☐
(4) TYPE OF PERMIT
Regular ☒
Special Permit Area ☐

(5) PROPOSED USE
Domestic ☒ Industrial ☐ Monitoring ☐
Irrigation ☐ Test Well ☐ Municipal ☐
Other ☐

(6) CONSTRUCTION
Drilling Method: Rotary ☒ Cable ☐ Other ☐
Casing: Steel ☐ Concrete ☐ Plastic ☒
Diameter: 6" Bore Size: 11"
Gage or Wall: 20"
Annular Space: Size: 2 1/2" Seal Depth: 20'
Seal Material: Concrete ☒ Grout ☐
Puddled Clay ☐ Neat Cement ☐
Other (describe): _____

FOR OFFICE USE ONLY
If this parcel is in the Coastal Zone, a Coastal Development Permit must also be obtained from the California Coastal Commission before drilling this well."

WATER WELL PERMIT

NEW FEE \$ <u>195</u>	REPAIR OR DESTRUCTION <input type="checkbox"/> NO FEE	RECEIPT NUMBER <u>Billed</u>	PERMIT NUMBER No. 10112
--------------------------	---	---------------------------------	-----------------------------------

(7) ATTACH PLOT PLAN

Application must be accompanied with a plot plan that clearly shows the location of the parcel and the approximate location of the proposed well on the parcel (include location of all septic systems).

(8) DIRECTIONS (include mile-post markers, landmarks, nearest cross street, etc...):

(9) LICENSED WELL DRILLER

I agree to comply with all the regulations of the County of Mendocino and the State of California pertaining to water well construction.

I WILL NOTIFY THE HEALTH DEPARTMENT TWENTY-FOUR (24) HOURS PRIOR TO POURING THE ANNULAR SEAL.

I WILL FURNISH THE HEALTH DEPARTMENT WITH A LEGIBLE COPY OF THE STATE WATER WELL DRILLERS REPORT WITHIN 15 DAYS OF COMPLETION OF THIS WELL.

NAME: Kelley Pump Drilling LICENSE NO. 325572
SIGNED: mtkelly DATE: 2 July 91

FOR OFFICE USE ONLY — DIVISION OF ENVIRONMENTAL HEALTH

REMARKS: _____

PERMIT ISSUED: Ed Bridges DATE: 7-3-91

INSPECTIONS
CONSTRUCTION: _____ DATE: _____

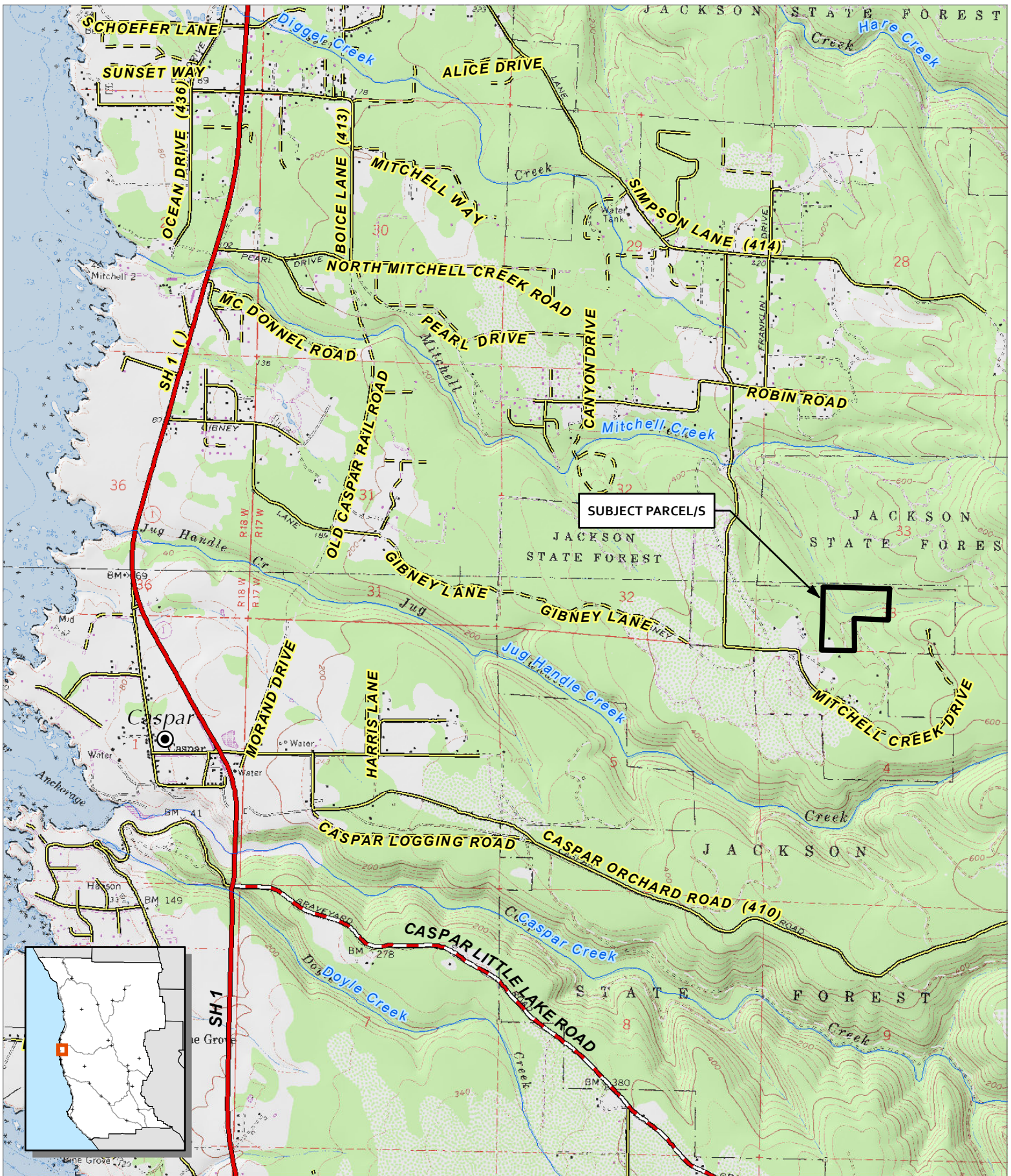
FINAL: Ed Bridges DATE: 12-30-91

THIS PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUANCE-MENDOCINO COUNTY CODE SEC. 16.04.090.
This permit becomes void after one year if the work authorized thereby has not been completed.

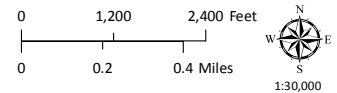
880 N. Bush St.
Ukiah, CA 95482
(707) 463-4466

DIVISION OF ENVIRONMENTAL HEALTH
DEPARTMENT OF PUBLIC HEALTH
COUNTY OF MENDOCINO

120 W. Fir St.
Fort Bragg, CA 95437
(707) 964-4713



CASE: U 2017-0016
 OWNER: MOORE, David
 APN: 019-370-19
 APLCT: The Magic Goat Group
 AGENT: Javier Rau
 ADDRESS: 15183 Mitchell Creek Drive, Fort Bragg



LOCATION MAP

THIS MAP AND DATA ARE PROVIDED WITHOUT WARRANTY OF ANY KIND.
 DO NOT USE THIS MAP TO DETERMINE LEGAL PROPERTY BOUNDARIES



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

CASE: U 2017-0016
OWNER: MOORE, David

APN: 019-370-19
APLCT: The Magic Goat Group
AGENT: Javier Rau

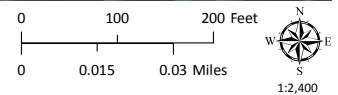
ADDRESS: 15183 Mitchell Creek Drive, Fort Bragg



Cannabis Cultivation Sites



Driveways/Unnamed Roads



AERIAL IMAGERY

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019-250-01
STATE JACKSON
TP 0 200 A±

019-370-17
DONALD MCNEIL
UR 40 18 A±

019-370-14
ERIK OWEN
UR 40 2.64 A±

019-370-19
DAVID MOORE
UR 40 29.21 A±

019-250-08
MARIBETH WHITE
TP 160 40 A±

019-370-18
OF STATE
UR 40 2.25 A±

019-370-07
JAMES DAHL
UR 40 0 A±

019-370-16
SUSAN MCNEIL
UR 40 5.95 A±

019-370-10
JAMES DAHL
UR 40 3.56 A±

019-370-05
JAMES DAHL
UR 40 0 A±

AG 2017-0588

AG 2017-0233

019-370-20
BRIAN HUTCHINS
UR 40 9.9 A±

118-440-35
DOUGLAS KRONZER
RR 2 1.84 A±

118-440-16
GARY PINE
RR 2 4 A±

118-440-26
DOUGLAS BROWN
RR 2 6 A±

118-440-36
HEATHER BAXMAN
RR 2 2.07 A±

118-440-07
LEEROY SUSAN
RR 2 1 A±

118-440-15
PETER VANSICKLEN
RR 2 0 A±

118-440-17
JHANNA DAWSON
RR 2 0 A±

118-440-27
DOUGLAS BROWN
RR 2 5 A±

118-430-16
STATE JACKSON
TP 0 77.64 A±

118-440-39
WESLEY ELDER
RR 5 1.12 A±

118-440-33
LEEROY SUSAN
RR 2 1.24 A±

118-440-08
WALTER BROWN
RR 2 0 A±

118-440-18
ALFONSO SANCHEZ
RR 2 0 A±

118-440-14
DENNIS OCONNOR
RR 2 1 A±

118-440-25
DAVID FELKINS
RR 2 0 A±

118-440-28
KEVIN CAMPBELL
RR 2 5 A±

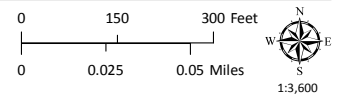
CASE: U 2017-0016
OWNER: MOORE, David
APN: 019-370-19

APLCT: The Magic Goat Group
AGENT: Javier Rau

ADDRESS: 15183 Mitchell Creek Drive, Fort Bragg

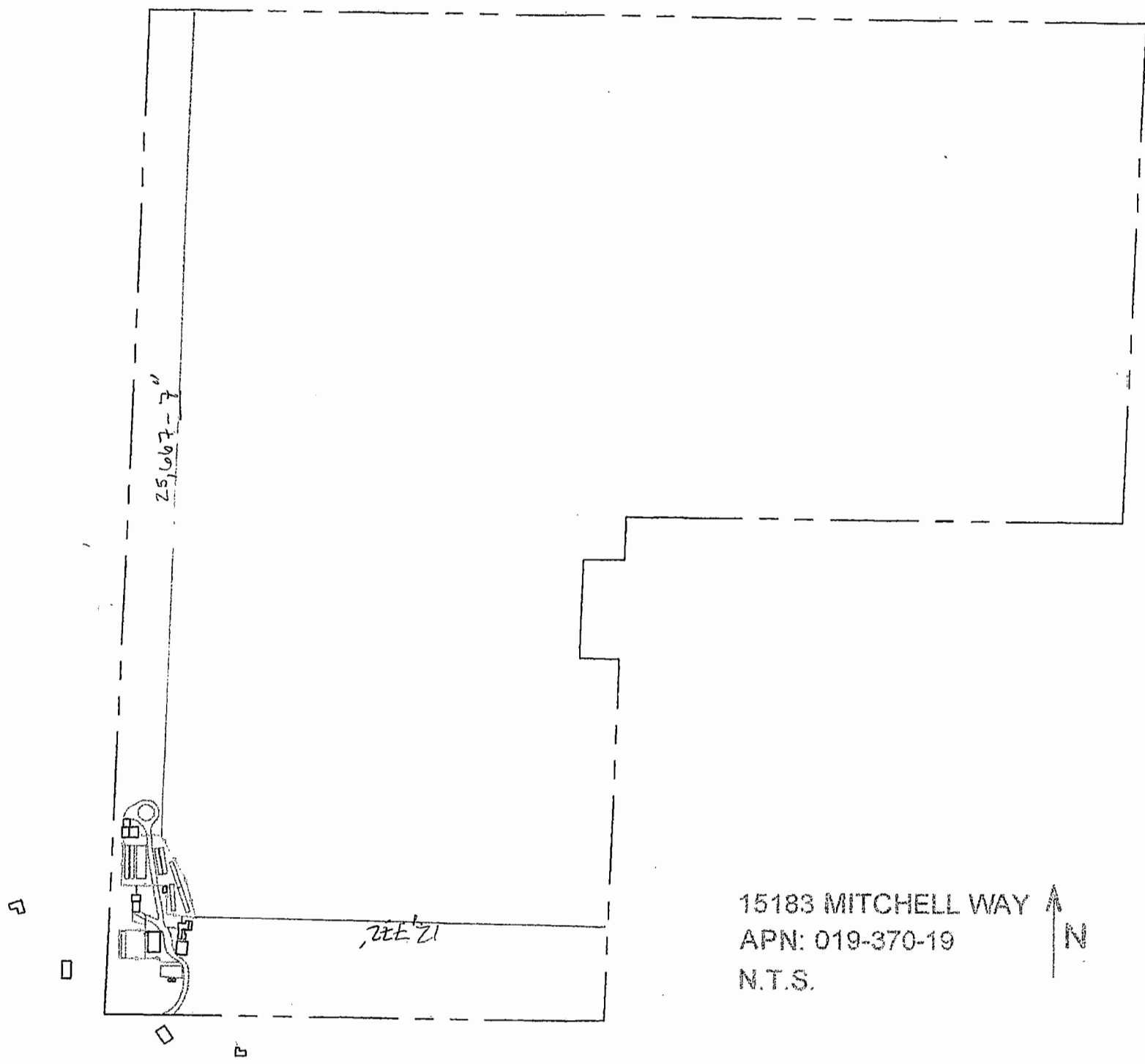


Cannabis Cultivation Sites



ADJACENT PARCELS

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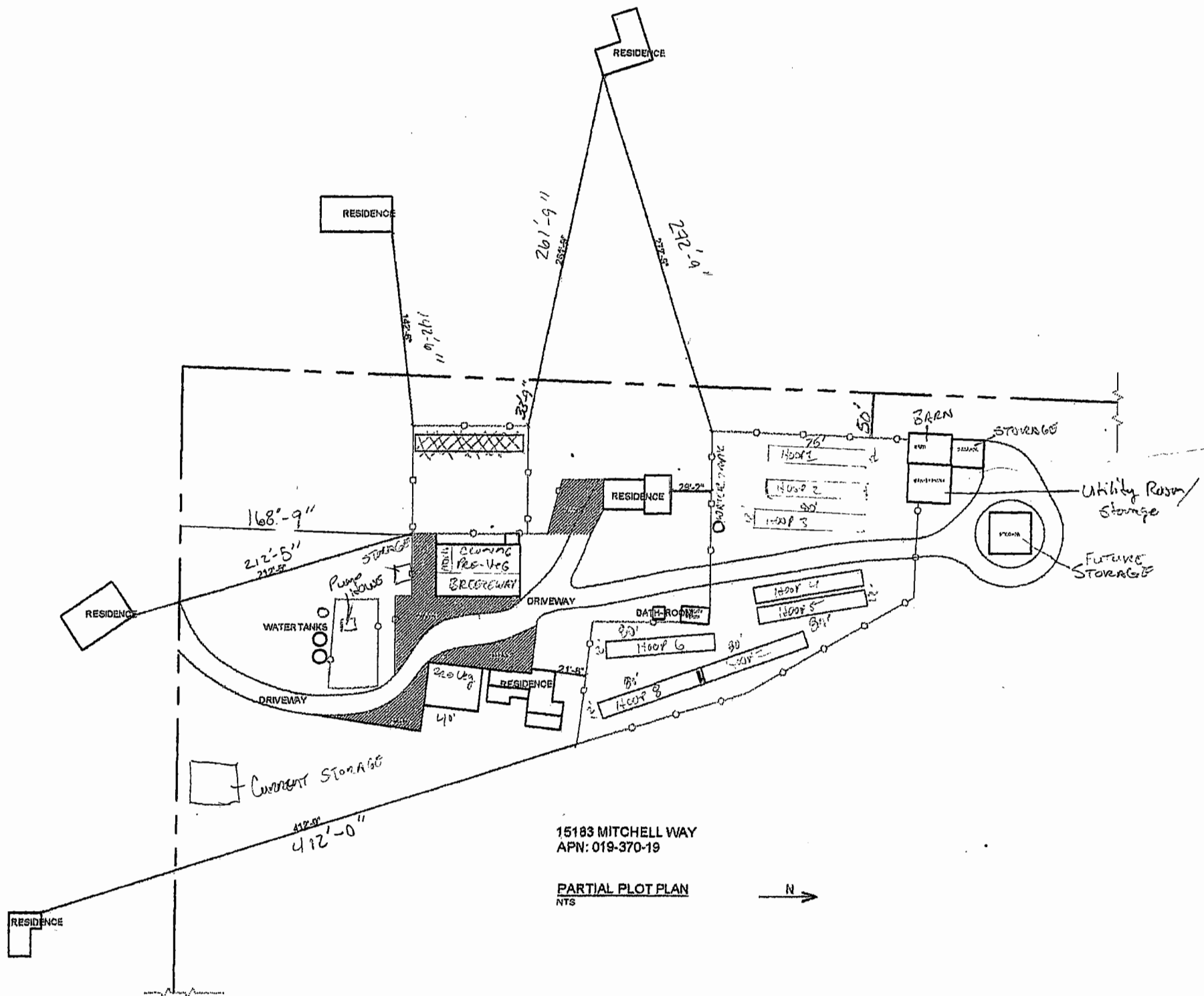


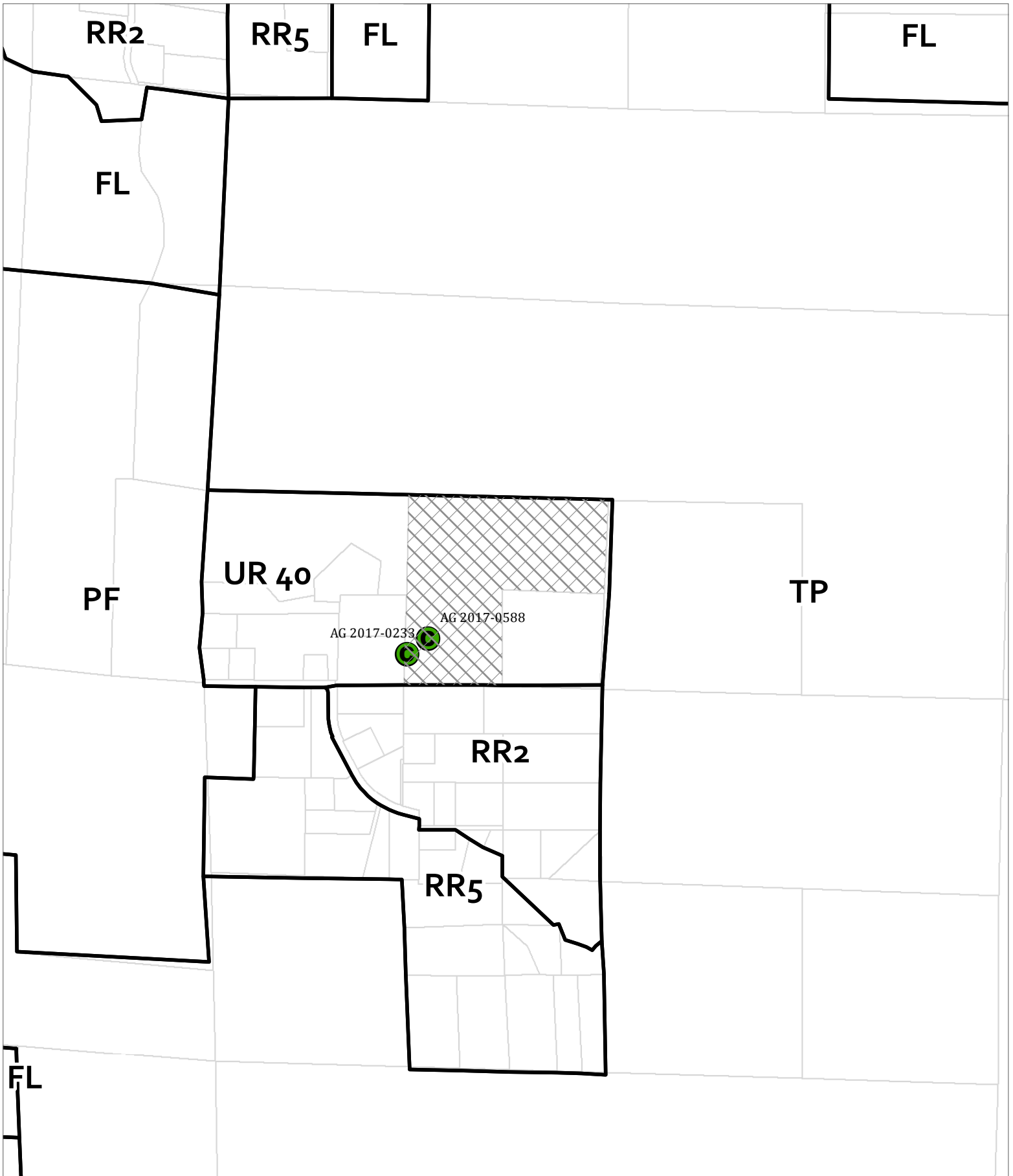
25,667-7"

12,772'

15183 MITCHELL WAY
APN: 019-370-19
N.T.S.







CASE: U 2017-0016
OWNER: MOORE, David
APN: 019-370-19

APLCT: The Magic Goat Group
AGENT: Javier Rau

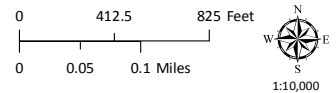
ADDRESS: 15183 Mitchell Creek Drive, Fort Bragg, CA 94941



Cannabis Cultivation Sites

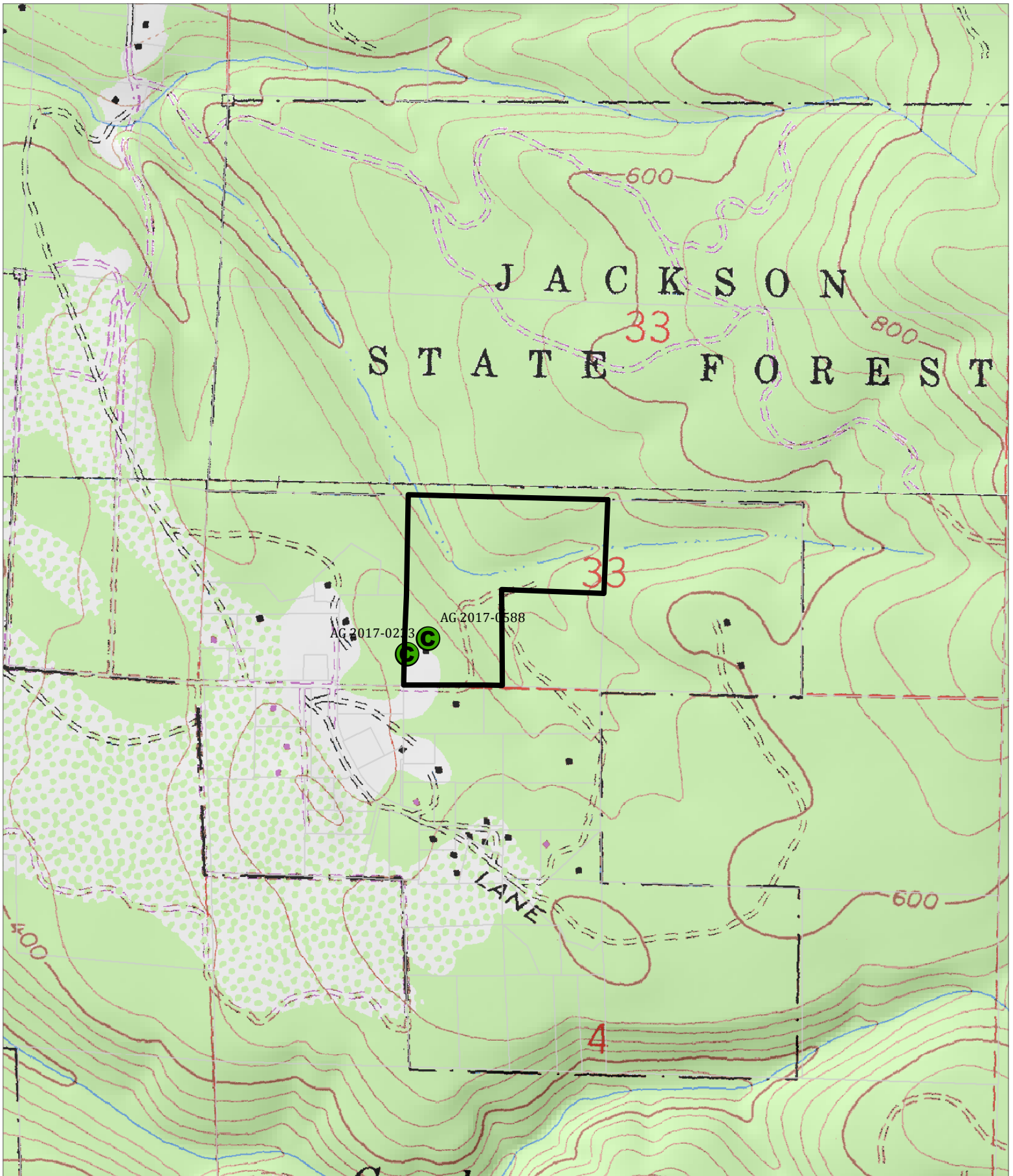


Zoning Districts



ZONING DISPLAY MAP

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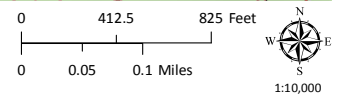


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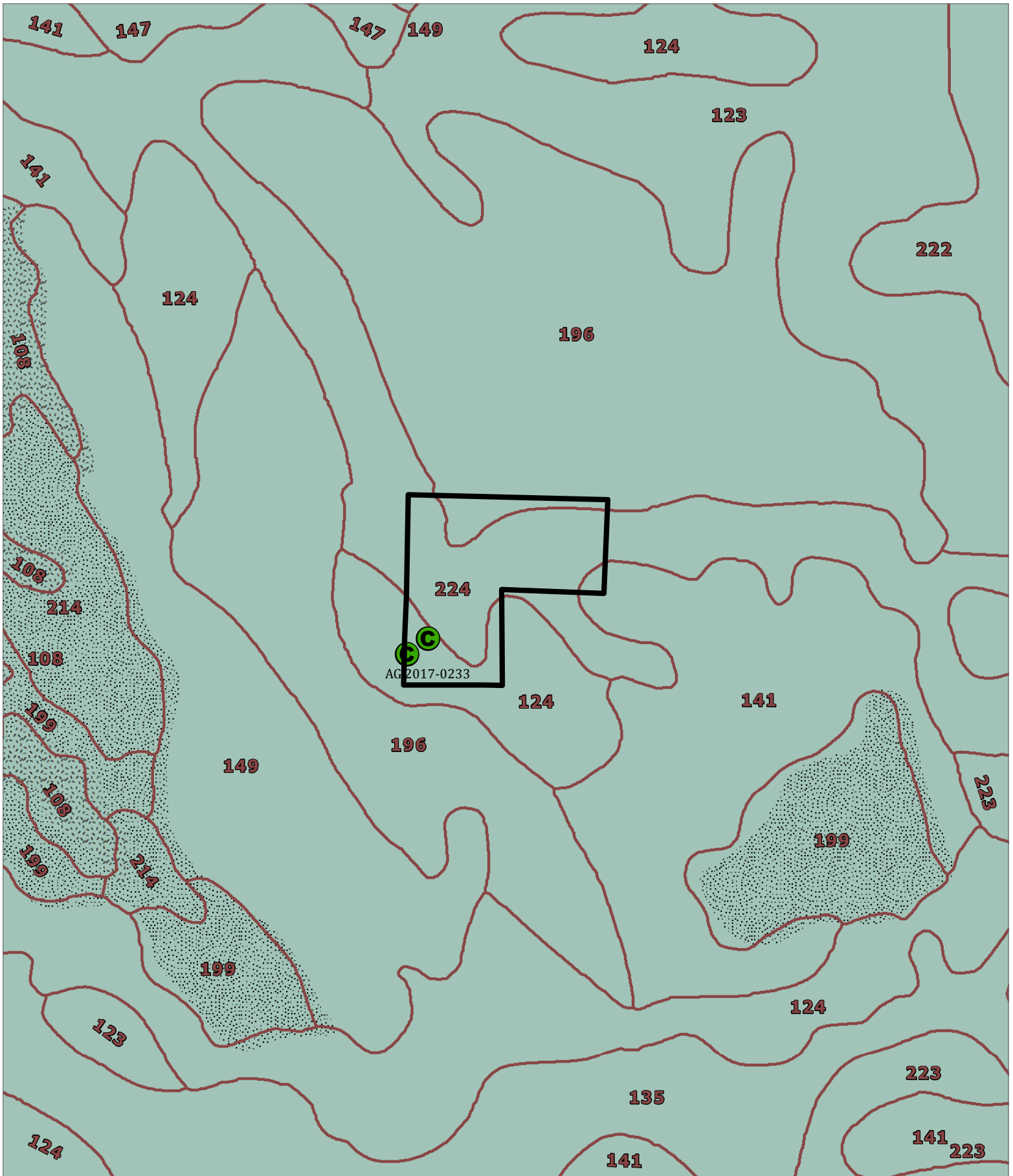


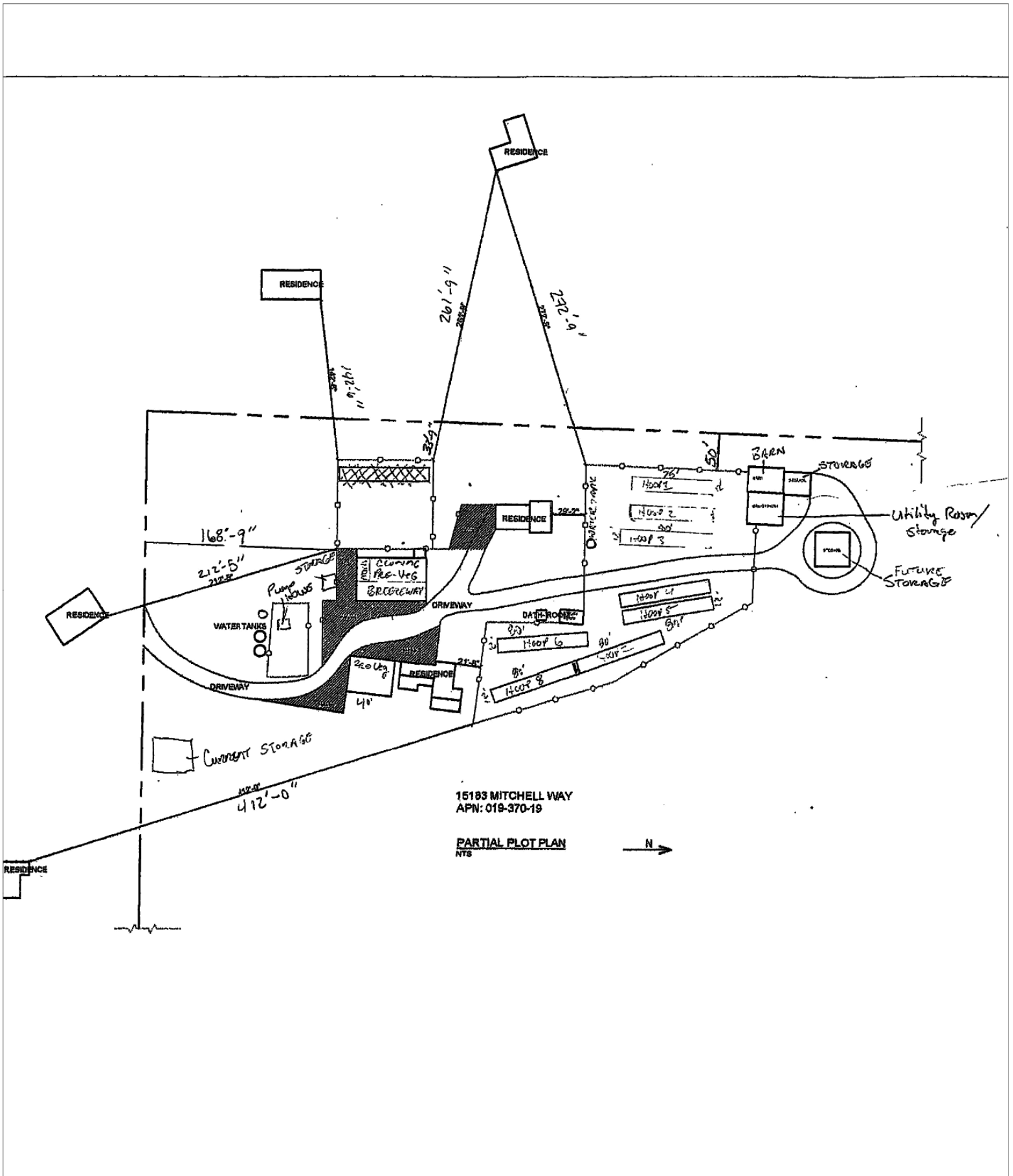
Cannabis Cultivation Sites



TOPOGRAPHIC MAP
CONTOUR INTERVAL IS 40 FEET

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NO SCALE

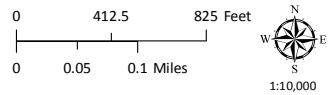
SITE PLAN

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 APN: 019-370-19
 APLCT: The Magic Goat Group
 AGENT: Javier Rau
 ADDRESS: 15183 Mitchell Creek Drive, Fort Bragg, CA 94941

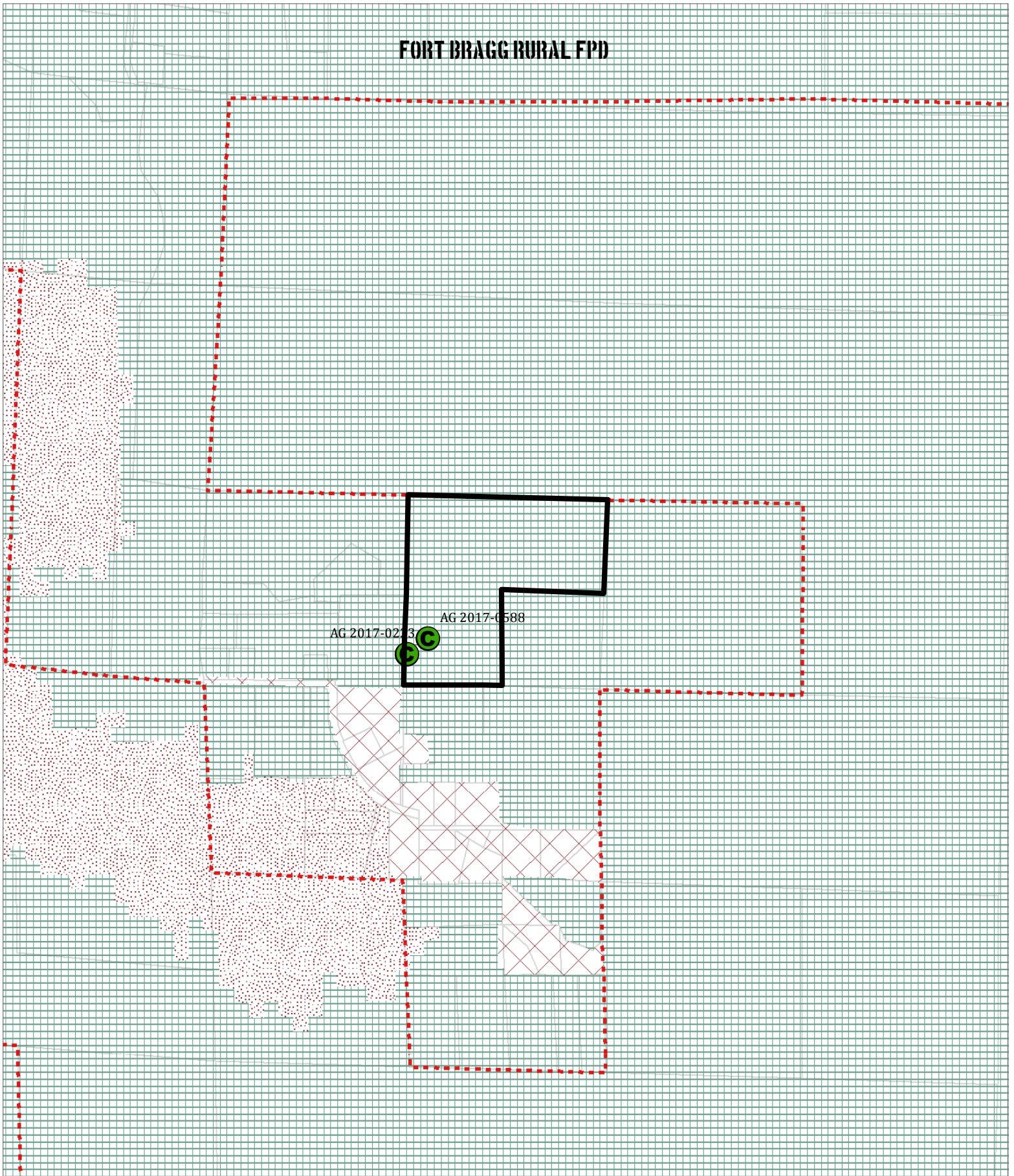
-  Cannabis Cultivation Sites
-  General Plan Classes



GENERAL PLAN CLASSIFICATIONS

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FORT BRAGG RURAL FPD



CASE: U 2017-0016
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Cannabis Cultivation Sites



County Fire Districts



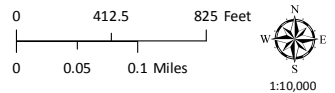
Very High Fire Hazard



High Fire Hazard

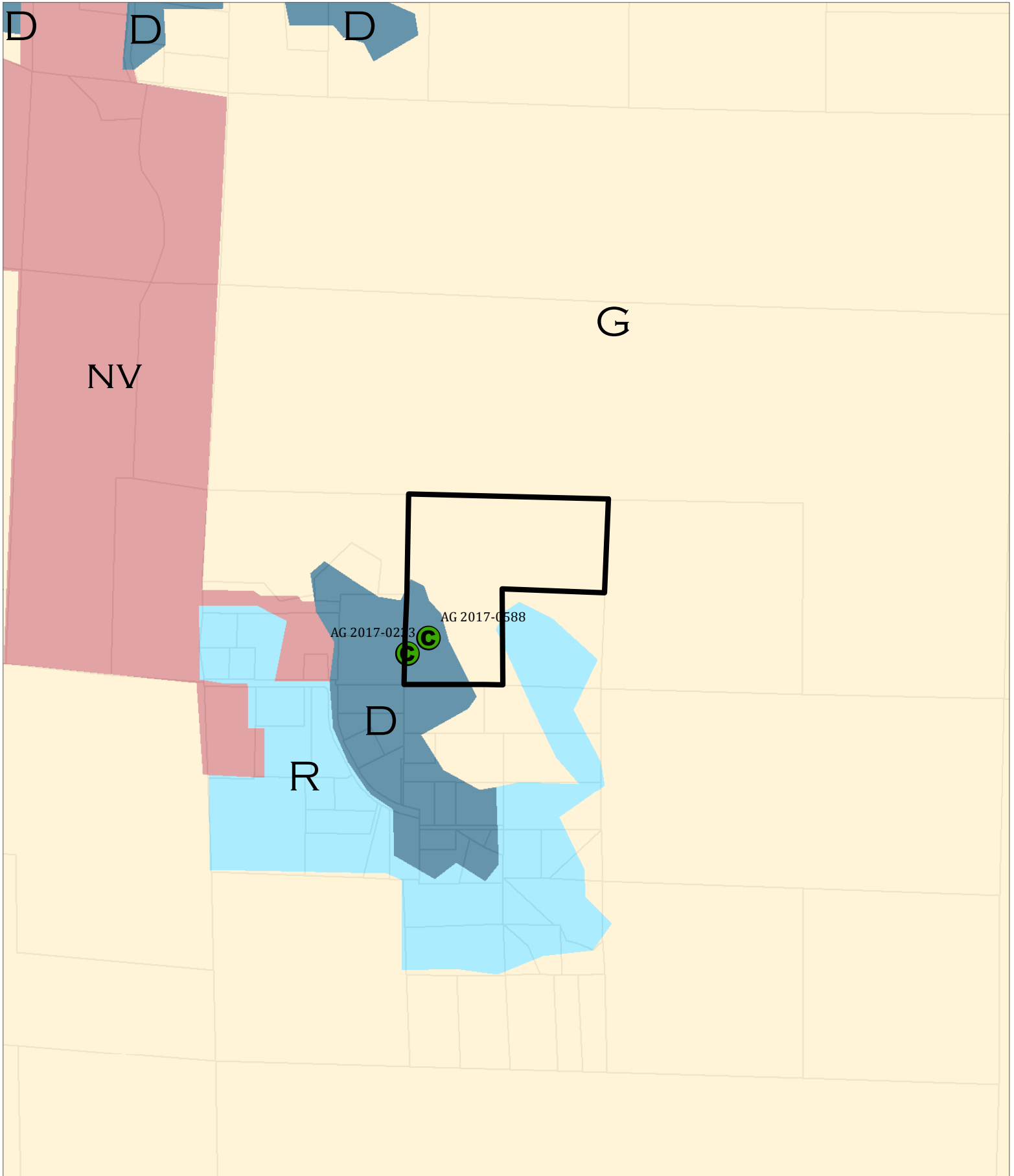


Moderate Fire Hazard



FIRE HAZARD ZONES & RESPONSIBILITY AREAS
STATE RESPONSIBILITY AREA

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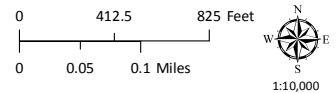


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Cannabis Cultivation Sites



IMPORTANT FARMLAND

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