

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM
COMMENT CARD

PLEASE PRINT

Do you want to speak?

Yes No Did not attend meeting

Name DAVID FICK

Address HC-1 BOX 7216

City, State, Zip JOSHUA TREE CA 92252

Phone No. (optional) (760) 366-9862

Organization (if applicable) DESERT ENVIRONMENTAL RESPONSE TEAM

Comments DEPENDENT ON EARLIER COMMENTS
AND ABOUT THE COLORADO RIVER T.D.S
ITS EFFECT AND WATER PERCOLATION
REPEAT OF QUESTION - WHO HAS FINAL SAY OF
WATER QUALITY GOING INTO AQUIFER

M4-1

Thank you. Please return this card or call Jack Safety, Metropolitan Water District, at 213-217-6981, or James Williams, Bureau of Land Management, at 909-697-5390 by February 23, 2000.

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM
COMMENT CARD

PLEASE PRINT

Do you want to speak?

Yes No Did not attend meeting

Name Susan Reilly

Address P.O. Box 262

City, State, Zip Twentynine Palms, CA 92297

Phone No. (optional) _____

Organization (if applicable) _____

Comments Importance of keeping aquifer
from being dried up.

M4-2

Thank you. Please return this card or call Jack Safety, Metropolitan Water District, at 213-217-6981, or James Williams, Bureau of Land Management, at 909-697-5390 by February 23, 2000.

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM
SIGN IN SHEET

December 15, 1999 - Cadiz Ranch

PLEASE PRINT

Name Randy Hill
Address 17617 Crown Valley Ct
City, State Amle Valley, CA Zip 92307
Phone number (optional) _____
Organization (if applicable) VVWD

Name DENNIS DOLESAL
Address PO BOX 507
City, State CADIZ CA Zip 92304
Phone number (optional) 774 0201
Organization (if applicable) _____

Name Donald R. Pusteken
Address PO Box 105
City, State Amle Valley, CA Zip 92304
Phone number (optional) _____
Organization (if applicable) _____

Name JOHN BEZZANT (CAGS)
Address 4000 WESTFALL PARK SUITE 70A
City, State NEWPORT BEACH CA Zip 92660
Phone number (optional) 949/251-7933
Organization (if applicable) CAGS

Name _____
Address _____
City, State _____ Zip _____
Phone number (optional) _____
Organization (if applicable) _____

Name _____
Address _____
City, State _____ Zip _____
Phone number (optional) _____
Organization (if applicable) _____

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM
SIGN IN SHEET

December 15, 1999 - 29 Palms

PLEASE PRINT

Name VERN KNOOP
Address 770 Fairmount Ave
City, State Glendale Ca Zip 91203
Phone number (optional) 818 543-4600 X 277
Organization (if applicable) St of Ca DWR

Name Jim Williams
Address Cal Annie Desert District
City, State _____ Zip _____
Phone number (optional) _____
Organization (if applicable) _____

Name M.J. "MAC" DUBE
Address ~~THE~~ CITY HALL
City, State ADOBE RD, 29 PALMS Zip 92277
Phone number (optional) 367-6799
Organization (if applicable) MAYOR-PRO-TEM

Name Jim Ventura
Address 261745 Melton Dr.
City, State Yuba City Tex Zip 79252
Phone number (optional) 760 366-9535
Organization (if applicable) A.B. Co

Name Molly Brady
Address In W Spikes Rd.
City, State Needles CA Zip 92363
Phone number (optional) 760/326-7001
Organization (if applicable) BLM

Name D J Masker
Address PO Box 2272
City, State 29 Palms CA Zip 92277
Phone number (optional) 760 367-7004
Organization (if applicable) City Council

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM
SIGN IN SHEET

December 15, 1999 - 29 Palms

PLEASE PRINT

Name Ernest Quintana
Address 74485 National Park Drive
City, State 29 Palms, CA Zip 92277
Phone number (optional) (760) 367-5502
Organization (if applicable) Nat'l Park Service

Name Howard & Sherril Allen
Address 3750 El Centro Dr
City, State Spring Valley CA 91977
Phone number (optional) _____
Organization (if applicable) Desert Protective Council

Name Peter Martin
Address 5735 Kearnyville Dr
City, State SD CA Zip 92127
Phone number (optional) 858-637-6827
Organization (if applicable) USGS

Name Jamie Tucker
Address 6605 So. Orange Ave.
City, State 29 Palms, CA Zip 92277
Phone number (optional) 760 361-1200
Organization (if applicable) NBCA

Name John Bezzant
Address 400 W. 2nd Ave. Suite 201
City, State Newport Beach CA Zip 92660
Phone number (optional) 949/257-7937
Organization (if applicable) CATELUS

Name Gary EASTON
Address P.O. Box 109
City, State Joshua Tree Zip 92252
Phone number (optional) _____
Organization (if applicable) RNG

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM
SIGN IN SHEET

December 15, 1999 - 29 Palms

PLEASE PRINT

Name CAROL MILLER
Address 5790 29 Palms Hwy
City, State Yucca Valley Zip 92254
Phone number (optional)
Organization (if applicable) TOWN OF YUCCA VALLEY

Name Susan L. Reilly
Address P.O. Box 262
City, State CA 92977 Zip
Phone number (optional) 367-9936
Organization (if applicable)

Name DAVID FICK
Address HC-1 Box 7216
City, State JOSHUA TREE, CA Zip 92250
Phone number (optional) (760) 366-8862
Organization (if applicable) D.E.R.T.

Name RAMON MENDOZA & PAULINE KING
Address 58692 LOS CORTES RD.
City, State YUCCA VALLEY Zip CA 92284
Phone number (optional) 760 228 2792
Organization (if applicable) D.E.R.T.

Name _____
Address _____
City, State _____ Zip _____
Phone number (optional) _____
Organization (if applicable) _____

Name _____
Address _____
City, State _____ Zip _____
Phone number (optional) _____
Organization (if applicable) _____

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM
SIGN IN SHEET

December 16, 1999 - Needles

PLEASE PRINT

Name Pat Mead
Address _____
City, State San Bernardino Zip _____
Phone number (optional) 909 - 387 - 2799
Organization (if applicable) SBDND Co. Transp/Flt Cont

Name MIKE FOX
Address 825 E THIRD ST
City, State SAN BERNARDINE Zip _____
Phone number (optional) 909 - 387 - 2515
Organization (if applicable) S B CO FLOOD CONTROL

Name WELFORD GARNER
Address 1501 LUXWILL DR #601
City, State NEEDLES CA Zip 92363
Phone number (optional) _____
Organization (if applicable) _____

Name NITA CLAY POOL
Address 727 BROADWAY
City, State NEEDLES CA Zip 92363
Phone number (optional) 760-326-2110
Organization (if applicable) _____

Name Paul Limon
Address 306 CHESTNUT ST
City, State NEEDLES CAL Zip 92363
Phone number (optional) _____
Organization (if applicable) _____

Name S. B. SOTO
Address P.O. BOX 434 CAL
City, State Needles Zip 92363
Phone number (optional) _____
Organization (if applicable) _____

CADIZ GROUNDWATER STORAGE & DRY-YEAR SUPPLY PROGRAM
SIGN IN SHEET

December 16, 1999 - Needles

PLEASE PRINT

Name LARRY DEATLEY
Address PO BOX 915
City, State NEEDLES, CA Zip 92363
Phone number (optional) 326-3231
Organization (if applicable) _____

Name JAMES WOLSEY
Address 1949 ASA LINDA
City, State NEEDLES CA Zip 92363
Phone number (optional) 326-6322
Organization (if applicable) NATIONAL BANK SERVICE

Name LINDA STARR
Address 512 SCHULZ RD.
City, State NEEDLES CAL 92363 Zip _____
Phone number (optional) 760-326-3094
Organization (if applicable) _____

Name JOHN BEZZANT
Address 4000 WILSON BLVD, SUITE 200
City, State NEWPORT BEACH, CA Zip 92660
Phone number (optional) _____
Organization (if applicable) CARLUS

Name _____
Address _____
City, State _____ Zip _____
Phone number (optional) _____
Organization (if applicable) _____

Name _____
Address _____
City, State _____ Zip _____
Phone number (optional) _____
Organization (if applicable) _____