



# Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

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FEB 19 2015

CENTRAL REGION OFFICE

Follow the attached instructions. Attach additional sheets as necessary.

- GROUND WATER     SURFACE WATER     DROUGHT  
 PERMANENT     SHORT TERM     TEMPORARY

**\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY COMPANY THIS APPLICATION.**

## Section 1. APPLICANT

I have participated in a pre-application conference with Ecology.

Applicant/Business Name: WA State Dept. of Transportation; W. Brian White, Assistant Regional Administrator		Phone No: 509-577-1700	Other No:
Address: 2809 Rudkin Road			
City: Union Gap	State: WA	Zip: 98903	
Email Address (if available): WhiteB@wsdot.wa.gov			

Contact Name (if different from above): Bill Sauriol, Environmental Manager, WSDOT		Phone No: 509-577-1752	Other No:
Relationship to Applicant: Point of contact			
Address: same			
City:	State:	Zip:	
Email Address (if available): SaurioW@wsdot.wa.gov			

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Multiple Federal and State government agencies -See Attachment #1		Phone No:	Other No:
Address:			
City:	State:	Zip:	
Email Address (if available):			

For Ecology Use	APPLICATION NO: <u>54-35746</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>50%</u> Check No: <u>1166</u> Date: <u>02-19-2015</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>02-19-2015</u> By <u>[Signature]</u> WRIA: <u>39 KITT</u>
Pre-application interviewer:		

## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located?  YES  NO  
 If no, do you have legal authority to make this application for use of another's land?  YES  NO

Briefly describe the purpose of your proposed project: Continue construction of a highway corridor project, specifically Interstate 90 which is located east of Snoqualmie Pass and west of Easton, WA between Milepost 55 and 71.

This application is similar to the approved temporary use authorized under S4-35264, with modifications to the place of use and months of use. See File S4-35264.

Anticipated length of time to complete your project: 2021

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Dust control(70%)			113	April 1-Nov 30
embankment compaction, material processing (20%)				
equipment washout (5%)				
plant/seed watering (5%)				
<b>TOTAL:</b>		max. 1.75 cfs	113	

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)?  YES  NO

Is this request for a temporary permit?  YES  NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: 04 / 01 / 2015 TO: 11 / 30 / 2021

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>Keechelus Lake</u> Tributary to: <u>Yakima River</u> Number of proposed diversion points: <u>          </u> <small>Max temp. 1-3 per year</small> Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: _____ Number of proposed points of withdrawal: _____ Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
SEE ATTACHMENT #1						
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section_____.						
Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section_____.						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

### Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

~~The places of use will consist of the 15-mile highway project corridor, including the sections of highway under construction, staging, stockpile and processing sites, and mitigation sites that require seed and plant watering. See the list of sites in Attachment #1 and Maps in Attachment #2~~

¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located?  YES  NO.

If no, do you have legal authority to make this application for use of another's land?  YES  NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

See List in Attachment #1 and File S4-35264 for easements, leases and special use permit approvals.

Are there any other water rights or claims associated with this property or water system?  YES  NO

If yes, provide the water right and/or claim numbers: See USBR /Ecology records

**Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.**

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): \_\_\_\_\_

WSDOT's contractors would install floating pumps with screened intakes and divert water from the reservoir to an upland holding tank that that would fill water trucks for transport to project areas.

The pump and pipe sizes would comply with standards set by S4-35264 and other regulatory requirements.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: <u>n/a</u>	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	

**Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

**Irrigation**

Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

**Stockwater**

List number and kind of stock: \_\_\_\_\_

\_\_\_\_\_ n/a

Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres?  YES  NO

Do you have a controlling interest in a Family Farm Development Permit?  YES  NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ n/a

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_

**Other Use**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water?  YES  NO

Are you proposing to store more than 10 acre-feet of water?  YES  NO

Will the water depth be 10 feet or more?  YES  NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_ *n/a*

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: \_\_\_\_\_  
The Interstate 90 project is located between Mileposts 55 and 71, between Hyak, WA and Easton, WA,  
within Kittitas County.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Address: see above  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 11. REQUIRED SIGNATURES**

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

W. Brian White

Print Name  
(Applicant or authorized representative)

*W. Brian White*

Signature

2/19/11

Date

WA Dept. of Transportation

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

See S4-35264

Print Name  
(Legal Owner or Part Owner Place of Use)

Signature

Date

**Please check the region in which the project is located:**

<p><b>*Submit your application to:</b> DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 -3463 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.