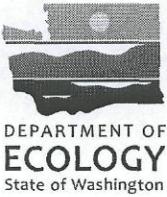


For Ecology Use
(Date Stamp)



State of Washington Application for a Water Right Permit

SURFACE WATER GROUND WATER
 Permanent Temporary Short Term



Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: Public Utility District No. 2 of Grant County, Washington (Grant PUD) And Public Utility District No. 2 of Chelan County, Washington (Chelan PUD)	Phone No: (509) 754-0500 (509) 663-8121	FAX No: (509) 793-1548 (509) 661-8126
Address: Grant PUD: PO Box 878 Chelan PUD: PO Box 1231		
City: Grant PUD: Ephrata Chelan PUD: Wenatchee	State: WA	Zip: Grant PUD: 98823 Chelan PUD: 98801
Email Address (optional):		

Contact Name (if different from above): Grant PUD: Ross Hendrick Chelan PUD: Alene Underwood	Phone No: Grant PUD: (509) 754-5088 Ext. 2468 Chelan PUD: (509) 663-8121	FAX No: Grant PUD: (509) 793-1548 Chelan PUD: (509) 661-8126
Relationship to Applicant: Grant PUD: Employee Chelan PUD: Employee		
Address: Grant PUD: PO Box 878 Chelan PUD: PO Box 1231		
City: Grant PUD: Ephrata Chelan PUD: Wenatchee	State: WA	Zip: Grant PUD: 98823 Chelan PUD: 98801
Email Address (optional): Grant PUD: rhendr1@gcpud.org Chelan PUD: Alene.Underwood@chelanpud.org		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Fish Acclimation: Groundwater will be used to (1) de-ice surface water intake screens during extreme cold periods, and (2) provide short-term emergency back to the surface water intake in order to acclimate summer Chinook salmon between October and May, annually.

Anticipated length of time to complete your project: 5 years

For Ecology Use	APPLICATION NO: <u>G4-33047</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>Cost Reimb.</u> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>12-19-2011</u> By _____
		WRIA: <u>48 Okanogan</u>

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 type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Fish Acclimation (de-icing and emergency back-up)	2000			As needed for de-icing and emergency back-up from October and May, annually.
TOTAL:	2000			

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: ___/___/___ TO: ___/___/___

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 type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: <u>TBD</u> Number of proposed points of withdrawal: <u>TBD</u> Do you have an existing well? <input type="checkbox"/> YES <input checked="" 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
5101140002	NW	SE	21	33N	22E	Okanogan
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 (North/ South) and ___ feet (East/ West)
 from the (NW SW NE SE ___) corner of Section ___.

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

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

Provide the owner name(s), address, and phone number: Chelan PUD – PO Box 1231, Wenatchee WA, 98801; 509-663-8121.

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.

NEED THIS FROM CHELAN PUD						
¼	¼	Section	Twp.	Range	County	Parcel No.
NW	SE	21	33 N	22 E	Okanogan	5101140002

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

For Ecology Use	APPLICATION NO: <u>G4-33047</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>Cost Reimb.</u> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>12.19.2011</u> By _____
		WRIA: <u>48- Okanogan</u>

Provide owner name(s), address, and phone number: Chelan PUD – PO Box 1231, Wenatchee WA, 98801; 509-663-8121.

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: S4-30055

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 (See Attachment A).

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Up to two (2) 12 inch wells may be used (pending results of aquifer evaluations via groundwater test wells and pump tests) to supply de-icing water to the surface water intake and/or to an existing acclimation pond (as emergency back-up should the surface water intake fail). See Attachment A.

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: _____ Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Present population to be served water: _____ 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: _____ 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: _____

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: _____

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

Supply water for fish acclimation ponds. _____

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: _____

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: From Pateros, WA, follow Highway 153 west for 22 miles, turn left onto Twisp-Carlton Rd, follow for ~10 miles, then turn right on dirt road and follow to Carlton Pond Fish Acclimation Pond.

Site Address: 00820A Twisp-Carlton Rd, Twisp, WA 98856 (Chelan PUD to confirm)

Section 11. REQUIRED SIGNATURES

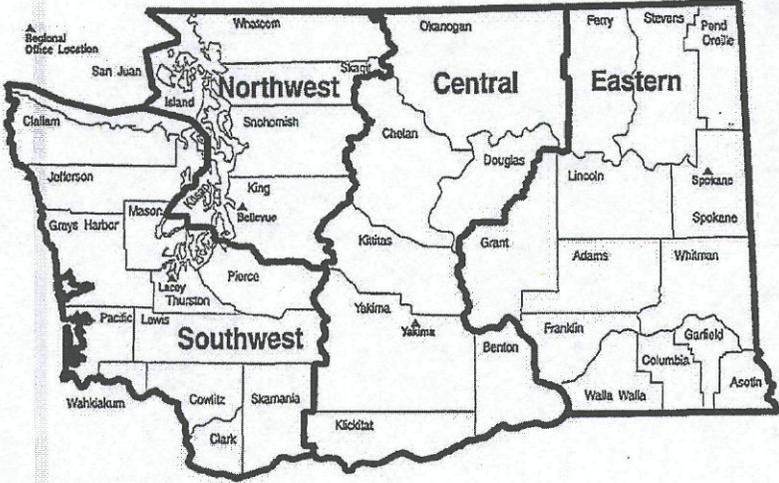
I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the 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.

Grant PUD: <u>Ross Hendrick</u> Print Name: <u>on file</u> (Applicant or authorized representative)	Signature: <u>R-Hendrick</u> on file	Date: <u>12-29-11</u>
Chelan PUD: <u>Waikela Hampton</u> Print Name: <u>Waikela Hampton</u> (Applicant or authorized representative)	Signature: <u>Waikela Hampton</u>	Date: <u>16 Dec 11</u>
Chelan PUD: <u>Tim Larson</u> Print Name: <u>Tim Larson</u> (Landowner of Place of Use)	Signature: <u>Tim Larson</u>	Date: <u>16-Dec-11</u>
_____ Print Name (Landowner of Place of Use)	_____ Signature	_____ Date
_____ Print Name (Landowner of Place of Use)	_____ Signature	_____ Date

Submit your application to: DEPARTMENT OF ECOLOGY
 CASHIERING SECTION
 PO BOX 47611
 OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.
 Southwest Northwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300
 Northwest Regional Office: 425-649-7000
 Central Regional Office: 509-575-2490

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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.

Grant PUD: on file
 Print Name
 (Applicant or authorized representative)

on file
 Signature

 Date

Chelan PUD: Waikale Hampton
 Print Name
 (Applicant or authorized representative)

Waikale Hampton
 Signature

16 Dec 11
 Date

Chelan PUD: Tim Larson
 Print Name
 (Landowner of Place of Use)

Tim Larson
 Signature

16 - Dec - 11
 Date

 Print Name
 (Landowner of Place of Use)

 Signature

 Date

 Print Name
 (Landowner of Place of Use)

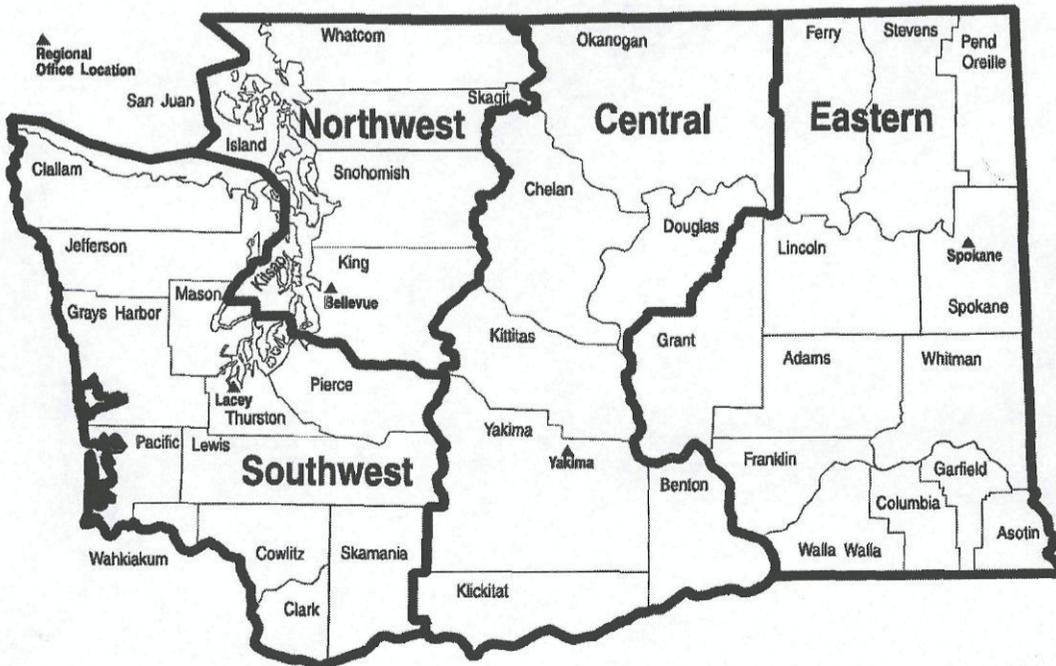
 Signature

 Date

Submit your application to: DEPARTMENT OF ECOLOGY
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