



# Application for a Water Right Permit DOLOMITE WATER SYSTEM

For Ecology Use  
(Date Stamp)

G3-30667  
**RECEIVED**

**JAN 04 2013**

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

Follow the attached instructions. Attach additional sheets as necessary.

- GROUND WATER     SURFACE WATER  
 PERMANENT     SHORT TERM     TEMPORARY  
 DROUGHT

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

*Amended JAN. 4, 2013 H. Spayle*  
*JULY 1, 2013 G. D.*

## Section 1. APPLICANT

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

Applicant/Business Name: <b>Public Utility District No. 1 of Stevens County (Aka: Stevens P.U.D.)</b>	Phone No: <b>509-233-2534</b>	Other No: Fax: <b>509-233-2809</b>
Address: <b>P O Box 592</b>		
City: <b>Loon Lake</b>	State: <b>WA</b>	Zip: <b>99148</b>
Email Address (if available): <b>dprice@stevenspud.org</b>		

Contact Name (if different from above): <b>Richard C.R. Price, P.E.</b>	Phone No: <b>509-233-8700</b>	Other No: Fax: <b>509-233-2809</b>
Relationship to Applicant: <b>General Manager/Engineer</b>		
Address: <b>same as above</b>		
City:	State:	Zip:
Email Address (if available): <b>same as above</b>		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: <b>Municipal Water Supplier</b>	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (if available): <b>same as above</b>		

For Ecology Use	APPLICATION NO: <b>G3-30667</b>	SEPA: Exempt/Not Exempt		
	Fee Paid: _____	Check No: _____	ECY Coding: 001-001-WR1-0285-000011	
Date Returned _____	By _____	Priority Date _____	By _____	WRIA: _____
Pre-application interviewer: _____				

*Amended 7/1/13 G.D.*

*Amended App. Jan 4, 2013. H. Spayle.*

**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: Obtain additional Qi for our existing Dolomite Water System

Anticipated length of time to complete your project: 1 year

**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-Foot 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)		
Municipal Supply	30		0	Continuously
<b>TOTAL:</b>	<b>30</b>		<b>0</b>	

**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: <b>S01: 6" x 501'; S02: 6"x84'</b> Number of proposed points of withdrawal: <b>2</b> Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. <b>None assigned.</b>

*Handwritten notes in red ink:*  
 2.5/1/12  
 2.5/1/12

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
<del>Well S01 – 0974209</del>	SW	SW	18	35N	40E	Stevens

Lot(s)	Block(s)	Subdivision
8	---	Dolomite

REMOVED  
7/1/13

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
**850** Feet ( North/ South) and **30** feet ( East/ West)  
 from the (NW SW NE SE  ) corner of **Section 18**.

Amended

WELL S02

Parcel No.	¼	¼	Section	Township	Range	County
S02 = 2662386	NW	SW	18	35N	40E	Stevens

Lot(s)	Block(s)	Subdivision
4		Short Plat 17-2000

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
**2,600** feet ( North/ South) and **930** feet ( East/ West)  
 from the (NW SW NE SE  ) corner of **Section 18**

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.

Area served by Public Utility District No. 1 of Stevens County. See approved Service Area Map – Exhibit A.						
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: Municipal Water Supplier

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: ~~63-27698C~~ 63-27766C

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 Exhibits B, C, and D).

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The Dolomite Public Water System includes the 2 previously described wells that produce 6 and 52 gpm, and one concrete gravity storage tank that has 20,200 gallons of usable capacity. This system currently serves 19 homes.

**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: <u>57</u>
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: <u>76</u> _____ (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?  YES  NO

If yes, date plan was approved 2/27/2012 Water System Number: 29808T

Name of water system: Dolomite Water System

Are you within the service area of an existing water system?  YES  NO

If yes, explain why you are unable to connect to the system: This is a major water system for this area.

**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

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**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: \_\_\_\_\_

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*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 Spokane go 72 miles north on Highway 395 to Colville, turn right (east) on Hwy 20 (3<sup>rd</sup> Avenue) and drive 4.8 miles to Mumau Road, turn left, go 50 feet, and enter to the right to the pumphouse.**

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Site Address: **561 Dolomite Road, Colville WA 99114**

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## 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.

Richard C.R. Price, P.E.  
 \_\_\_\_\_  
 Print Name  
 (Applicant or authorized representative)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Richard C.R. Price, P.E.  
 \_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 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></p> <p>DEPARTMENT OF ECOLOGY          CASHIERING SECTION          PO BOX 47611          OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (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.

