



State of Washington  
**Application for a Water Right Permit**

**RECEIVED**  
 (Date Stamp)  
**SEP 1 7 2009**  
 Washington State  
 Department of Ecology

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: Rainier View Water Company	Phone No: (253) 537-6634	Other No:
Address: PO Box 44427		
City: Tacoma	State: WA	Zip: 99448
Email Address (optional):		

Contact Name (if different from above): Jill Van Hulle\Pacific Groundwater Group	Phone No: 360-413-1510	Other No:
Relationship to Applicant: Consultant		
Address: 3130 60 <sup>th</sup> Loop SE		
City: Olympia	State: WA	Zip: 98501
Email Address (optional): Jill@pgwg.com		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: Secure additional water right for the Olympic Mall Water System and potential interties

Anticipated length of time to complete your project: Water needed to meet future 20 year projection

**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)		
Multiple Domestic Supply	450		TBD	Year-round, as needed
<b>TOTAL:</b>	450		TBD	

**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

For Ecology Use	APPLICATION NO: <u>G2-30532</u>	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-00011
Date Returned	Bv	Priority Date <u>9/17/09</u> Bv <u>SE</u> WRIA: <u>15</u>

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: 8" x 600' Number of proposed points of withdrawal: 1 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
0221212035\ 0221201030	NW	NW	21	21	2E	Pierce
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 _____.						

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: \_\_\_\_\_

**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 Rainier View Water (Olympic Mall Water System) as described in a Department of Health approved water system plan						
¼	¼	Section	Twp.	Range	County	Parcel No.
					Pierce	

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: RVW is water purveyor for designated water service area

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: Water Right Certificate G2-21551, G2-26516, G2-21611 and G2-27229

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): The Olympic Mall Water System currently supplies homes and businesses on the Gig Harbor Peninsula.

**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: <u>1,200 (within Olympic Mall and future interties)</u>  Type of connections: <u>homes, and commercial units</u> <i>(e.g., home, recreational cabin)</i>	Present population to be served water: _____  Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  If yes, date plan was approved ____/____/____ Water System Number: <u>63479</u>  Name of water system: <u>Olympic Mall</u>  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 = 0 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 N/A and proposed capacity in kilowatts: 0

Describe works: N/A

Indicate all uses to which power is to be applied: N/A

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: \_\_\_\_\_

*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: Well site is located on Reid Road, immediately west of 45<sup>th</sup> Street NW

Site Address:

4519 Reid Dr NW

**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.

Robert Blackman [Signature] 9/10/09  
 Print Name Signature Date  
 (Applicant or authorized representative)

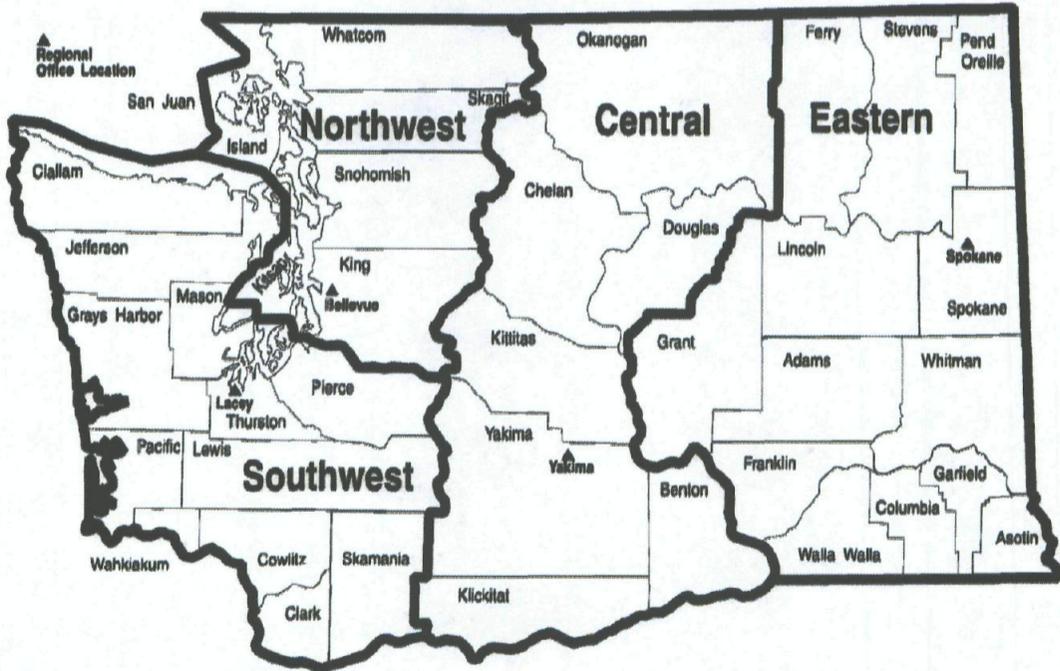
Robert Blackman [Signature] 9/10/09  
 Print Name Signature Date  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Print Name Signature Date  
 (Landowner of Place of Use)

**Submit your application to:** DEPARTMENT OF ECOLOGY  
 CASHIERING SECTION  
 PO BOX 5128  
 LACEY WA 98509-5128

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
- Eastern Regional Office:** 509-329-3400

*If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341*