



State of Washington
Application for a Water Right Permit

'09 OCT 29 A 8:57

For Ecology Use
(Date Stamp)

SURFACE WATER GROUND WATER
 Permanent Temporary Short Term

DEPT. OF ECOLOGY
FISCAL & BUDGET

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: PUD #1 of Mason County	Phone No: (360) 877-5249	Other No:
Address: N. 21971 Highway 101		
City: Shelton	State: WA	Zip: 98584
Email Address (optional):		

Contact Name (if different from above): Jocelyne Gray	Phone No: Same	Other No:
Relationship to Applicant: Employee - Water Resource Engineer		
Address: Same		
City:	State:	Zip:
Email Address (optional): jocelyneg@hctc.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Existing plat with 44 water connections - all single family residential. Served by a single existing well and existing distribution system. Full build out is 77 connections.

Anticipated length of time to complete your project: Completed

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)		
Municipal Supply	115		24	Continuously
TOTAL:				

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: G2-30535	SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/>	Check No: _____
Date Returned: _____	By: _____	Priority Date: 10/29/09 By: SC WRIA: 14

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>8" diameter + 20' deep</u> Number of proposed points of withdrawal: <u>1</u> 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. <u>No Tag</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
<u>319055100032</u>	<u>NE</u>	<u>SW</u>	<u>05</u>	<u>19N</u>	<u>03W</u>	<u>Mason</u>
Lot(s)	Block(s)		Subdivision			
<u>Tract 32</u>	<u>Div 2</u>		<u>Highland Estates</u>			

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 ____.

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 (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: _____

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.

See Attached

¼	¼	Section	Twp.	Range	County	Parcel No.
<u>NE</u>	<u>SW</u>	<u>05</u>	<u>19N</u>	<u>03W</u>	<u>Mason</u>	<u>multiple</u>

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: Various owners of property in the Plat of Highland Estates and adjacent short plats

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: _____

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): 8", 224' deep well with 3hp pump at 28 gpm capacity
(2) 5hp booster pumps, (5) 119 gallon pressure tanks
Storage - (4) 1,600 gallon PE tanks
Distribution - mostly 4 inch pipe, some 2 inch pipe and blow offs
Source and services are fully metered.

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>160</u>
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: <u>280</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 ___/___/___ Water System Number: 32735F

Name of water system: Highland Estates

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: _____

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: None

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses: None

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

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: Highway 101 north (from Olympia),
right on Ryan Road, Right on Spring Place.

Site Address: 50 SE Spring Place, Shelton, WA 98584

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.

TRACY W. COLARD
 Print Name
 (Applicant or authorized representative)

Tracy W. Colard
 Signature

10/22/09
 Date

 Print Name
 (Landowner of Place of Use)

 Signature

 Date

 Print Name
 (Landowner of Place of Use)

 Signature

 Date

 Print Name
 (Landowner of Place of Use)

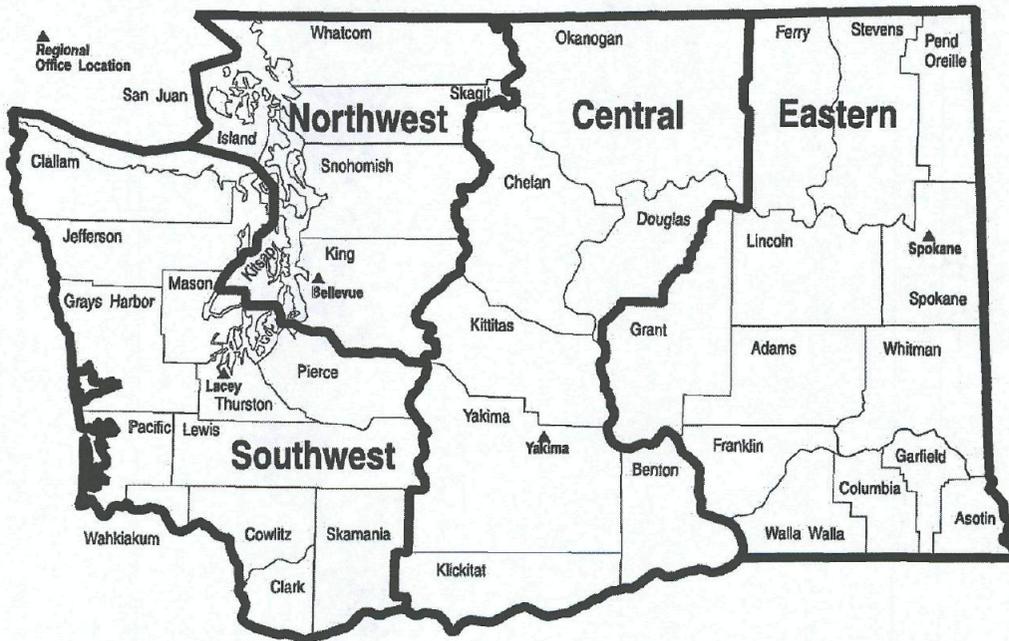
 Signature

 Date

Submit your application to: DEPARTMENT OF ECOLOGY
 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
- Eastern Regional Office: 509-329-3400