



State of Washington Application for a Water Right Permit

SURFACE WATER GROUND WATER
 Permanent Temporary Short Term

RECEIVED

JAN 20 2011

Follow the attached instructions. Attach additional sheets as necessary. WA State Department of Ecology (SWRO)

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

Section 1. APPLICANT

Applicant/Business Name: City of Washougal Att. Trevor Evers	Phone No: (360)-835-8501	Other No:
Address: 1701 "C" Street		
City: Washougal	State: WA	Zip: 98671
Email Address (optional): tevers@ci.washougal.wa.us		

Contact Name (if different from above): Jill Van Hulle Pacific Groundwater Group	Phone No: (360) 413-1510	Other No:
Relationship to Applicant: consultant		
Address: 2377 Eastlake Ave East, Suite 200		
City: Seattle	State: WA	Zip: 98102
Email Address (optional): jill@pgwg.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Municipal Supply Purposes

Anticipated length of time to complete your project: Wells have been completed and are in use, full beneficial use of the water estimated by 2030

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	4,675		3,786	Continuously
TOTAL:	4,675		3,786	

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: ___/___/___

For Ecology Use	APPLICATION NO: <u>G 2-30565</u>	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>1/20/11</u> By <u>ec</u> WRIA: <u>28</u>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

<p>A.) If Surface Water Source</p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____</p> <p>Source Name: _____</p> <p>Tributary to: _____</p> <p>Number of proposed diversion points: _____</p> <p>Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>B.) If Ground Water Source</p> <p><input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: <u>Lower Wellfield</u></p> <p>Well diameter & depth : <u>Up to 16" casing, wells 75 to 150 feet deep</u></p> <p>Number of proposed points of withdrawal: <u>5 Well located in the Lower Wellfield</u></p> <p>Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If available, attach Water Well Report and pump test.</p> <p>Well Tag ID No. _____</p>
---	--

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
89935000	NE	SE	12	1 N	3 E	Clark
	NW	SE				
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 _____.

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.

Area served by the City of Washougal as described in a Department of Health approved Water System Plan

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: City of Washougal is a municipal water purveyor supplying water to designated 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: See attached cover letter for list of water rights

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.

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The intent of this application is to secure groundwater rights for the City's Lower Wellfield. The Lower Wellfield currently includes Wells 5, 6, 7, 11 and 12 which are completed in the Pleistocene Alluvial Aquifer system. The City proposes to operate these sources at a maximum rate of 4,675 gpm while remaining within the annual cap of 3,786 acre-feet per year established by previous water right decisions.

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: <u>25,376</u> (20 year projection) <u>51,000</u> – projected 2053 population
C.) Water System Planning	
<p>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</p> <p>If yes, date plan was approved ____/____/____ Water System Number: <u>93400</u></p> <p>Name of water system: <u>City of Washougal</u></p> <p>Are you within the service area of an existing water system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain why you are unable to connect to the system: _____</p> <p>_____</p>	

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

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: Please contact the City to make arrangements to visit the wellfield

Site Address: _____

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.

Trevor Evers
Print Name
(Applicant or authorized representative)

[Signature]
Signature

1-14/11
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 5128
LACEY WA 98509-5128