



Water Resources Program
Application for a Water Right Permit

For Ecology Use
 (Date Stamp)
RECEIVED
 OCT 11 2011

WA State Department
 of Ecology (SWRO)

- SURFACE WATER GROUND WATER PERMANENT
 TEMPORARY SHORT TERM DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

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

Section 1. APPLICANT

Applicant/Business Name: CONDON-JOHNSON & ASSOCIATES	Phone No: 425 988 2150	Other No: 425 988 2168
Address: 9012 SOUTH 208th ST.		
City: KENT	State: WA	Zip: 98031
Email Address (optional):		

Contact Name (if different from above): ERIC DYBEVIK	Phone No: 206 510 4936	Other No:
Relationship to Applicant: EMPLOYEE		
Address: SAME AS ABOVE		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: TACOMA POWER	Phone No:	Other No:
Address: 3628 SOUTH 35th ST.		
City: TACOMA	State: WA	Zip: 98409
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: ~~FIXING~~
EXTEND CORE WALL FOR TACOMA POWER

Anticipated length of time to complete your project: **90 DAYS**

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)		
SOL MIXING		30-90 GPM		
TOTAL:		250,000 gal		

For Ecology Use	APPLICATION NO: 52-30583	SEPA: Exempt/Not Exempt		
	Fee Paid: <input checked="" type="checkbox"/>	Check No: _____	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date 10/11/11	By SC	WRIA: 16

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: 11 / 15 / 11 TO: 2 / 15 / 12

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 checked="" type="checkbox"/> Lake <input type="checkbox"/> Other: _____</p> <p>Source Name: <u>LAKE CUSHMAN</u></p> <p>Tributary to: <u>PUGET SOUND / LAKE</u> <u>1 KOKAWES</u></p> <p>Number of proposed diversion points: _____</p> <p>Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>B.) If Ground Water Source</p> <p><input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____</p> <p>Well diameter & depth: _____</p> <p>Number of proposed points of withdrawal: _____</p> <p>Do you have an existing well? <input 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
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.

SEE ATTACHED

¼	¼	Section	Twp.	Range	County	Parcel No.

For Ecology Use	APPLICATION NO. _____	SEPA: Exempt/Not Exempt _____
	Fee Paid: _____	Check No: _____
ECY Coding: 001-001-WR1-0285-000011		
Date Returned _____	By _____	Priority Date _____
		By _____ WRIA: _____

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: _____

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): _____

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: _____ (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

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: BAKER TANK

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: SEE ATTACH R2

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.

<u>ERIC DYBEVIK</u>	<u><i>Eric Dybek</i></u>	_____
Print Name (Applicant or authorized representative)	Signature	Date
_____	_____	_____
Print Name (Legal Owner or Part Owner Place of Use)	Signature	Date
_____	_____	_____
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>*Submit your application to: 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 type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th 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 have questions about your application, contact the Water Resources program at the regional office in which your project is located.

