



Application for a Water Right Permit

For Ecology Use
(Date Stamp)

RECEIVED

DEC 11 2012

WA State Department
of Ecology (SWRO)

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.**

Section 1. APPLICANT

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

Applicant/Business Name: Thomas W. Golden	Phone No: 360 359 8528	Other No: 360 350 0458
Address: 4740 Cooper Point Road NW		
City: Olympia	State: WA	Zip: 98502
Email Address (if available): dtwgolden@gmail.com		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (if available):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Thomas W. Golden	Phone No: 360 350 0458	Other No: 360 359-0458
Address: 4740 Cooper Point Road NW		
City: Olympia	State: WA	Zip: 98502
Email Address (if available): dtwgolden@gmail.com		

For Ecology Use	APPLICATION NO: 52-30609	SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date 12-11-12 By 50
WRIA: 16/mason		
Pre-application interviewer:		

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: I am building a large tree house in Mason County.
I have a building permit and an approved septic design. There is a very small unnamed spring on the property. I want to use a small fraction of this water to take showers & flush a toilet in the tree house.
 Anticipated length of time to complete your project: 2 more years to finish tree house.

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)		
Flush toilet (only one toilet)	1 gallon per flush			Seasonal MAY - Sept.
take showers (only one shower)	1-2 gallons a minute during shower			Seasonal MAY - Sept.
TOTAL:	5-10,000 gallons per year total			

NO lawn or any plants that need irrigation. I would have an outdoor hose functioning for fire safety - & perhaps outdoor shower.

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)

<p>A.) If Surface Water Source</p> <p><input checked="" type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: <u>Small unnamed spring seeps out of ground runs down the hill for a few years & then goes back underground.</u> Source Name: _____ Tributary to: _____ Number of proposed diversion points: <u>ONE</u> Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>B.) If Ground Water Source</p> <p><input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: _____ Number of proposed points of withdrawal: _____ Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____</p>
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→ I put a garden hose in the spring & have used the water for fire safety. We have camp fires on property. I asked Mason County Dept. of health if that was OK before I did it. They told me I needed a water right for other uses.

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
52309500014	SW		10	23 North	5 West	MASON
Lot(s)	Block(s)		Subdivision			
14	0		Westside II			

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
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14	0		Westside II			

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.

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.

Copy Attached.

¼	¼	Section	Twp.	Range	County	Parcel No.
SW		10	23 North	5 West	MASON	52309500014

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. (Done)

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Gravity system: A 1/2 inch water safe hose with a filter will be placed in the spring. By gravity the 1/2 inch hose will fill a 300 gallon plastic water tank. The water will be filtered a second time before passing into the tank. A one ~~1/2~~ inch PVC pipe will then pass from the tank to the tree house where the water will be filtered a third time before being used for showers (one indoor maybe an outdoor shower) and to flush toilet.

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>one</u>	Present population to be served water: _____
Type of connections: <u>seasonal use for tree house</u> <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 checked="" type="checkbox"/> NO ? <u>I need water right before indoor plumbing will be approved by Mason County</u>	
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 checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES *N/A*

Irrigation

Total number of acres requested to be irrigated under this application = zero 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 *N/A*

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: 300 gallon plastic water 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: There is not any street access to this property. Boat in or hike in only. Closest road address is 351N staircase Ridge Road South, Hoodport, WA 98548. There is a hiking trail to the treehouse from there. Directions attached.

Site Address: - No street address, closest is 351N staircase Ridge Road South, Hoodport, WA 98548

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.

Thomas W. Golden
 Print Name
 (Applicant or authorized representative)

Thomas W. Golden
 Signature

11-26-2012
 Date

Thomas W. Golden
 Print Name
 (Legal Owner or Part Owner Place of Use)

Thomas W. Golden
 Signature

11-26-2012
 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:</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 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 checked="" 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.

