



Application for a Water Right Permit

For Ecology Use
(Date Stamp)

14 FEB 18 A9:47

DEPT. OF ECOLOGY
FISCAL & BUDGET

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: Stacey Walker	Phone No: 443-604-2947	Other No:
Address: 3145 Wilderness Dr. SE		
City: Olympia	State: WA	Zip: 98501
Email Address (if available): smw3179@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: Stacey Walker	Phone No: 443-604-2947	Other No:
Address: 3145 Wilderness Dr. SE		
City: Olympia	State: WA	Zip: 98501
Email Address (if available): smw3179@gmail.com		

For Ecology Use	APPLICATION NO: <u>52-30637</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>2-14-14</u> By <u>SC</u> WRIA: <u>14 / Thurston</u>
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: Single family residence water use from Summit Lake

Anticipated length of time to complete your project: Existing use permitt exists in prior owners name as a water rights claim. I would like to transfer the water rights into my name.

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)		
Single family residence	50 gpm			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)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>Summit Lake</u> 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	<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. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
65400001300			07	18	3W	Thurston
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

50' 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.

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.

Section 07 Township 18 Range 3W Quarter SE SW Plat NORTH SHORE SUMMIT LAKE LT 13 Document 011/083						
¼	¼	Section	Twp.	Range	County	Parcel No.
		07	18	3w	Thurston	65400001300

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: 061295 J.M. Burkhart

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): Two bedroom, four bathroom single family domestic residence. Water feed from a 50-100 foot 1 1/4" poly supply pipe to a shallow well pump. One way foot valve and screen on the end of the poly pipe.

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>home</u> <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
<p>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</p> <p>If yes, date plan was approved ____/____/____ Water System Number: _____</p> <p>Name of water system: _____</p> <p>Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain why you are unable to connect to the system: _____</p> <hr/> <hr/> <hr/> <hr/>	

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: From Highway 101 and Highway 8, head West to Summit Lake Road. Take the second Summit Lake Road entrance on the right. Turn left on Summit lake Shore Road. House on the right at 2137 Summit Lake Shore Road.

Site Address: 2137 Summit Lake Shore Road, Olympia, WA 98502
