

For Ecology Use
(Date Stamp)



State of Washington Application for a Water Right Permit

SURFACE WATER GROUND WATER
 Permanent Temporary Short Term

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: EASTSOUND WATER USERS ASSOCIATION	Phone No: 360 376 2127	Other No:
Address: PO BOX 115, 286 ENCHANTED FOREST RD #B102		
City: EASTSOUND	State: WA	Zip: 98245
Email Address (optional): PKAMIN@ROCKISLAND.COM		

Contact Name (if different from above): PAUL KAMIN	Phone No:	Other No:
Relationship to Applicant: GENERAL MANAGER		
Address:		
City:	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: GROUNDWATER WELL DRILL IN 2005, BUT NOT YET DEVELOPED FOR SERVICE. PURPOSE OF APPLICATION IS TO SECURE SUFFICIENT WATER RIGHTS FOR DEMAND PROJECTED IN EWUA'S RECENTLY COMPLETED WATER SYSTEM PLAN, PROVIDE SOME REDUCANCY CAPACITY IN CASE OF FAILURE OF PURDUE LAKE, EWUA'S LARGEST SINGLE SOURCE, AND TO SECURE WATER RIGHTS TO REDUCE EWUA'S DEPENDANCE ON LEASE OF EASTSOUND SEWER AND WATER DISTRICTS WATER RIGHTS.

Anticipated length of time to complete your project: 2 YEARS

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) Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
DOMESTIC SUPPLY	150 GPM	226 AF/YR	Continuous
	150gpm x 60 min. x 22.5 hrs x 365 days / 325,851 gal/af.		
TOTAL:			

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? YES NO

For Ecology Use	APPLICATION NO: <u>61-28643</u>	SEPA: <input checked="" type="checkbox"/> Exempt/Not Exempt
	Fee Paid: <u>50-</u> Check No: <u>9191</u>	ECY Coding: 001-001-WR1-0285-000011 <u>2</u>

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 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: _____</p> <p>Well diameter & depth: <u>234 ft deep 8" casing</u></p> <p>Number of proposed points of withdrawal: <u>1</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. <u>ALQ041</u></p>
---	--

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
271144004	SE	SE	11	37	2 W	San Juan 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: Opal Community Land Trust, PO Box 1133, 286

Enchanted Forsest Rd, (Yes, same office location as EWUA), Eastsound WA 98245

360 376 3191

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 EWUA approved Service Area and Map

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: Public Water System, # 221704

For Ecology Use	APPLICATION NO: <u>61-28043</u>	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011

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: No other water right claims on this property, but EWUA does have a variety of pending groundwater and surface water rights with DOE.

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): EWUA is a group A water system with 879 active memberships and 179 inactive memberships. EWUA is a not for profit association (501c-12), and has been identified by San Juan County through the Abbreviated Coordinated Water System Planning Process as the preferred provider for the Eastsound Urban Growth Area. EWUA is currently operating six active wells (#2,8,5,7,12, 13) and Purdue Lake Surface Water treatment plant. EWUA also has 4 FUTURE wells, two on the "Greer Property (separate water rights recently approved), the KLEIN WELL (existing application pending), this "Clark/Mt. Baker" well. THIS "CLARK/MT BAKER WELL" will require a 5hp pump, and treatment for manganese and hydrogen sulfide, and chlorination for system residual compliance.

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: _____ Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Present population to be served water: 2073 _____ <i>(As a private water system EWUA may not currently meet the definition of a "municipal water system")</i> Estimate future population to be served: 4065 _____ <i>(20 year projection)</i> Source EWUA Water System Plan w/ Brown and Coldwell 2008.
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 Final approval pending, final submissions have been provided DOH. DOE has reviewed submission. If yes, date plan was approved ____/____/____ Water System Number: 221704 Name of water system: <u>Eastsound Water Users Association</u> 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

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: Off Mt. Baker Road, directly North of Mt. Baker Rd's intersection with Deye Lane. Access via gravel "turn out" road. Well head 200' off Mt. Baker Rd. off NW corner of existing pond.

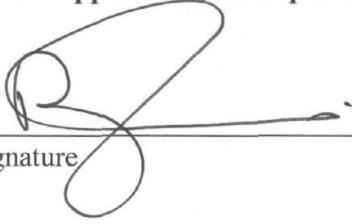
Site Address: Opal's Development is located on Rosehip Road, Eastsound WA 98245

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.

Paul Kamin

Print Name
(Applicant or authorized representative)



Signature

Nov 30, 2009

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.