

6/14/11

Applicant called.

Changed gpm to 100

city to 10 per Chris Ellis,

425-488-7882

Dat



## Water Resources Program Application for a Water Right Permit



- 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: <b>Triangle Recreation Camp</b> | Phone No:<br><b>425-488-7882</b> | Other No:         |
| Address: <b>P.O. Box 1226</b>                            |                                  |                   |
| City: <b>Granite Falls</b>                               | State: <b>WA</b>                 | Zip: <b>98252</b> |
| Email Address (optional): <b>president@camptrc.org</b>   |                                  |                   |

|   |                                  |                   |
|---|----------------------------------|-------------------|
| Contact Name (if different from above): <b>Chris Ellis</b>                    | Phone No:<br><b>425 488-7882</b> | Other No:         |
| Relationship to Applicant: <b>Current president of the Board of Directors</b> |                                  |                   |
| Address: <b>11330 E. Riverside Drive</b>                                      |                                  |                   |
| City: <b>Bothell</b>  | State: <b>WA</b>                 | Zip: <b>98011</b> |
| Email Address (optional):   |                                  |                   |

|  |                         |                   |
|--|-------------------------|-------------------|
| Legal Land Owner or Part Owner Name of the Proposed Place of Use:<br><b>Triangle Recreation Camp</b> | Phone No:<br><b>N/A</b> | Other No:         |
| Address: <b>47715 Mountain Loop Highway</b>  |                         |                   |
| City: <b>Granite Falls</b>   | State: <b>WA</b>        | Zip: <b>98252</b> |
| Email Address (optional): <b>president@camptrc.org</b>   |                         |                   |

### Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Install a potable water storage and distribution system for public use at a private, seasonal campground using ground water from a new well.

Anticipated length of time to complete your project: 1 year (2011)

**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) |                                       |  |
| Seasonal camping: Drinking, |  |  |                                       | Seasonal                                 |
| Cooking, wash water. Future |  |  |                                       | Max 180 days between                     |
| Showers and toilets         |  |  |                                       | March and October                        |
|                             |  |  |                                       | per individual                           |
| <b>TOTAL:</b>               | <b>30 gpm</b>  | <b>100</b>   | <b>0.5 10</b>                         |  |

|                 |   |  |
|-----------------|---|--|
| For Ecology Use | APPLICATION NO: <b>61-28787</b>   | SEPA: Exempt/Not Exempt                                  |
|                 | Fee Paid: <b>50-</b> Check No: <b>58960116009</b> ECY Coding: 001-001-WR1-0285-000011 |  |
| Date Returned   | By  | Priority Date <b>6/1/11</b> By <b>EWB</b> WRIA: <b>5</b> |

**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)

|   |  |
|---|--|
| <p><b>A.) If Surface Water Source</b></p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake<br/> <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>B.) If Ground Water Source</b></p> <p><input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Well diameter &amp; depth: 6" &amp; 69 feet</p> <p>Number of proposed points of withdrawal: 1</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. BAE 287</p> |
|---|--|

**C.) Point of Diversion/Withdrawal – Legal Description**

| Parcel No.       | ¼        | ¼  | Section     | Township | Range | County    |
|------------------|----------|----|-------------|----------|-------|-----------|
| 300924-001-00400 | NW       | NE | 24          | 30N      | R9E   | Snohomish |
| 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:  
 535 feet ( North/ South) and 105feet ( East/ West)  
 from the (NW SW NE  SE  \_\_\_\_\_) corner of Section 24

*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 excerpts from the Modified Water System Plan for Triangle Recreation Camp.

---



---



---

|                     |  |                     |
|---------------------|--|---------------------|
| For Ecology Use     | APPLICATION NO: _____ SEPA: Exempt/Not Exempt<br>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): See attached excerpts from the Modified Water System Plan for Triangle Recreation Camp.

### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

| A.) Domestic Water Systems only   | B.) Municipal Water Systems only<br><i>(defined under RCW 90.03.015)</i> |
|---|--|
| Projected number of connections to be served:<br><u>12</u>  | Present population to be served water:<br>_____                          |
| Type of connections: <u>outdoor spigots</u><br><i>(e.g., home, recreational cabin)</i>  | Estimate future population to be served:<br>_____ (20 year projection)   |
| <b>C.) Water System Planning</b>  |  |
| 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 <input checked="" type="checkbox"/> <u>PENDING</u> (excerpts attached) |  |
| If yes, date plan was approved ____ / ____ / ____ Water System Number: _____  |  |
| Name of water system: <u>Triangle Recreation Camp</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 = 0 ACRES

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

**Stockwater**

List number and kind of stock: N/A

Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses: N/A

**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).
- N/A

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: N/A

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: N/A

**Other Use**

N/A

**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 (est. 0.015 a/f)

Will the water depth be 10 feet or more?  YES  NO

If you answered yes to any of the above questions, please describe: Storage system: 2 NORWESCO Vertical Storage Tanks/ 2500 gal each.

*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 Granite Falls, EAST on the Mountain Loop Highway approx. 22 miles. (One mile WEST of Silverton). Address on post, left side of street.

Site Address: 47715 Mountain Loop Highway

**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.

Chris Ellis, TRC President  
 Print Name  
 (Applicant or authorized representative)

  
 Signature

June 1, 2011  
 Date

Please check the region in which the project is located:

|   |  |  |
|---|--|--|
| <p><b>*Submit your application to:</b><br/>                 DEPARTMENT OF ECOLOGY<br/>                 CASHIERING SECTION<br/>                 PO BOX 47611<br/>                 OLYMPIA, WA 98504-7611</p> | <input type="checkbox"/> Central Regional Office<br>15 W Yakima Avenue, Suite 200<br>Yakima, WA 98902<br>(509) 575-2490                          | <input type="checkbox"/> Eastern Regional Office<br>4601 N. Monroe<br>Spokane, WA 99205-1295<br>(509) 329-3400 |
|   | <input checked="" type="checkbox"/> Northwest Regional Office<br>3190 – 160 <sup>th</sup> Avenue SE<br>Bellevue, WA 98008-5452<br>(425) 649-7000 | <input type="checkbox"/> Southwest Regional Office<br>PO Box 47775<br>Olympia, WA 98504-7775<br>(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.

