



# Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

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DEPT OF ECOLOGY  
NWRO - WR

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: Puget Sound Energy Attention: Jory Oppenheimer	Phone No: 425-462-3556	Other No:
Address: 10885 NE 4 <sup>th</sup> Street PSE - 09N		
City: Bellevue	State: WA	Zip: 98004
Email Address (if available): jory.oppenheimer@pse.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: U.S. Forest Service, Mt. Baker-Snoqualmie National Forest	Phone No: 425-783-0212	Other No: 360-691-4396
Address: Supervisor's Office, 2930 Wetmore Avenue, Suite 3A		
City: Everett	State: WA	Zip: 98201
Email Address (if available): eozog@fs.fed.us		

For Ecology Use	APPLICATION NO: 61-28743	SEPA: Exempt/Not Exempt
	Fee Paid: 50-    Check No: 7591008	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date 11/26/12 By DSR WRIA: 4
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: The purpose of the project is to supply nonconsumptive water for fish propagation at the Baker River Fish Hatchery.

Anticipated length of time to complete your project: \_\_\_\_\_

**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)		
Fish Propagation	1,150			Continuously
<b>TOTAL:</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)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Well(s) <input checked="" type="checkbox"/> Other: Underground drainage tunnel. _____ Well diameter & depth: _____ Number of proposed points of withdrawal: <u>1</u> Do you have an existing well? <input type="checkbox"/> YES <input checked="" 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
Not platted.	SE	NE	36	37N	8E	Whatcom
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
 1,645 Feet ( North/ South) and 688 feet ( East/ West)  
 from the (NW SW NE SE  ) corner of Section 36.

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.

SW ¼ of the NW ¼ of Section 31 of T 37 N, R9 E, and SE ¼ of the NE ¼ of the Section 36 of T 37 N, R 8E						
¼	¼	Section	Twp.	Range	County	Parcel No.
					Whatcom	Not platted

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: Permit G1-27798

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. (see attached figure)

**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)

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <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)
<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	
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: \_\_\_\_\_

\_\_\_\_\_

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**Other Use**

The water from the underground drainage tunnel is used for fish propagation (nonconsumptive use) for the Baker River Fish Hatchery. The supply is needed, normally between May and October, for the artificial incubation room in the hatchery. This water supply is also needed as backup water to hatchery's main water supply from Sulpher Springs in case of emergencies. The drainage tunnel is located approximately 1,000 feet north of the hatchery. Water from the drainage tunnel is supplied by a 10-inch diameter pipe. Water supplied to the hatchery from the drainage tunnel is returned to Sulpher Creek by an overflow drain system.

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**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: \_\_\_\_\_

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*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: Take Highway 20 east from Burlington to the Baker Lake Road. Baker Lake Road is 4.5 miles east of Hamilton. Go north on Baker Lake approximately 14 miles. Take a right on U.S. Forest Service 1106 road and continue to PSE's Kulshan campground. Access to the drainage tunnel site is located through PSE's locked gates and requires coordination with PSE.

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Site Address: Not applicable.

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**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.

Jory Oppenheimer  
 Print Name  
 (Applicant or authorized representative)

[Signature]  
 Signature

10/31/12  
 Date

JENNIFER EDERLIEN  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

[Signature]  
 Signature

11/13/12  
 Date

\_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></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 checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> 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 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.

