



Application for a Water Right Permit

For Ecology Use
(Date Stamp)

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: Spanaway Water Company	Phone No: 253-531-9024	Other No:
Address: P.O. Box 1000/18413 B St. East, Spanaway, WA 98387		
City: Spanaway	State: WA	Zip: 98387
Email Address (if available): injohson@spanaway-water.org		

Contact Name (if different from above): Jeff Johnson	Phone No: 253-875-5230	Other No: 253-531-9024
Relationship to Applicant: Manager		
Address: Same as Above		
City: Same as above	State:	Zip:
Email Address (if available): injohson@spanaway-water.org		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Spanaway Water Company/Spanaway Municipal Water System Service Area as described in most recently approved (2010) water system plan.	Phone No:	Other No:
Address: Same as above		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____
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: Spanaway Water Company (Spanaway) seeks to permit a new, completely non-additive well source (Well 11) to provide increased operational and fire flow reliability for the Spanaway water system. This application is intended to be processed as an amendment to Spanaway's pending umbrella/wellfield application (G2-30623). To this end, Spanaway intends to integrate information/issues relating to Well 11 into the ongoing hydrogeologic investigation and modeling effort pertaining to the Wellfield application (i.e., Phase 1 work), integrate related Phase 1 findings/information in the the scope of work for the Wellfield Phase 2 Cost Reimbursement Agreement (CRA), and seek issuance of a single/consolidated Report of Examination (ROE) that addresses both the pending Wellfield (umbrella) and Well 11 applications.. Spanaway seeks an eight (8) year construction schedule to complete Well 11 due to capital project financing constraints. Consequently, Spanaway is requesting issuance of a permit for Well 11 prior to well drilling and testing.

Anticipated length of time to complete your project: 8 years (see above)

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) <input type="checkbox"/> 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)
Municipal Water Supply	1500	900	Continuously
TOTAL:	1500 gpm	900 afy	

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 checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: <u>16 inch diameter/425 feet</u> 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
0319334075	NW	SE	33	19	3E	Pierce
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 (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) 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 (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ____) 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.

Area Served Spanaway Water Company as described in Dept. of Health Approved Water System Plan, including all interties.

¼	¼	Section	Twp.	Range	County	Parcel No.
					Pierce	

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: Not Applicable: Water from Well 11 will be beneficially used within Spanaway's service area as described in its most recently approved water system plan.

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: Please see Exhibit 2

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):

Spanaway Water Company is a Group A, municipal water supply system that holds thirteen (13) additive water rights and one non-additive water right that withdraw water from eleven (11) groundwater wells located within the Chambers-Clover Creek Watershed (WRIA 12). Spanaway has a total authorized additive annual quantity (Qa) of 4,067.5 afy and a total additive instantaneous quantity (Qi) of 11,007 gpm. As noted in the (attached) self-assessment, several of the Spanaway's additive water rights also include non-additive quantities. All of the water rights held by Spanaway are designated for municipal purposes. The non-additive water quantities requested under this water right application would be withdrawn from proposed new Well 11.

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: _____	Present population to be served water: <u>26,000</u>
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: <u>34,300</u> (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? YES NO

If yes, date plan was approved 12/3/2010. Water System Number: 82850P

Name of water system: Spanaway Water Company

Are you within the service area of an existing water system? YES NO

If yes, explain why you are unable to connect to the system: Within service area of Spanaway Water Company.

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: _____

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.

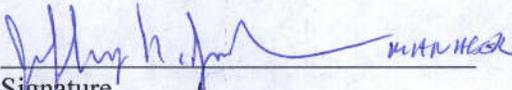
Section 10. DRIVING DIRECTIONS

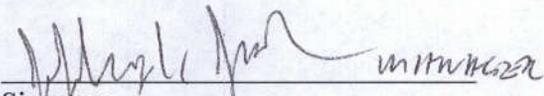
Provide detailed driving directions to the project site: The Well 11 site is located in close proximity to the Spanaway Water Company Office whose address is 18413 B St. East, Spanaway, WA 98387. From I-5, take WA-512 E. toward Puyallup, take WA-7/Pacific Avenue exit towards Parkland/Spanaway/Paradise, turn left onto 176th St. E, then turn right on B St.E. The Company office is located on left in about 1/2 mile.

Site Address: Spanaway Water Company office is located at 18413 B. St. East, Spanaway, WA 98387.

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.

JEFFREY N. JOHNSON  1/27/14
 Print Name Signature Date
 (Applicant or authorized representative)

JEFFREY N. JOHNSON  1/27/14
 Print Name Signature Date
 (Legal Owner or Part Owner Place of Use)

 Print Name Signature Date
 (Legal Owner or Part Owner Place of Use)

Please check the region in which the project is located:

<p>*Submit your application to: 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.

Spanaway Water Rights Self-Assessment (revised per DOE Comments August 10, 2010)

Permit Certificate #		Well ID Number	Name of Rightholder or Claimant	Priority Date	Purpose of Use	Source Number	Primary or Supplemental	Existing Water Rights		Running Total of Primary Rights
								Maximum Instantaneous Flow Rate (gpm) (Qi)	Maximum Annual Volume (acre-feet) (Qa)	(as discussed with Department of Ecology)
Well	Permits/ Certificates	Well ID Number								
1	4851C	ABS146	Spanaway Water Co.	2/19/1963	municipal	S01	Primary	252	403	403.0
							Supplemental			
2	G2-20177C	ACN792	Spanaway Water Co.	4/21/1972	municipal	S02	Primary	1000	800	1203.0
							Supplemental			
3	G2-20178C	ABS145	Spanaway Water Co.	4/21/1972	municipal	S03	Primary	500	400	1603.0
							Supplemental			
4	G2-20179C	Not Available	Spanaway Water Co.	4/21/1972	municipal	NA	Primary	200	160	1763.0
							Supplemental			
5	G2-20180C	*ACY117(old) *AEC945(new)	Spanaway Water Co.	4/21/1972	municipal	S04	Primary	550	213	1976.0
							Supplemental		227	
7, 5	G2-20182C	*AEC945(new 5)	Spanaway Water Co.	4/21/1972	municipal	S05	Primary	3000	44	2020.0
							Supplemental		2400	
8	G2-24502C	ACY118	Spanaway Water Co.	4/7/1977	municipal	S07	Primary	465	619	2639.0
							Supplemental		125	
9	G2-25963C	ACN730	Spanaway Water Co.	7/27/1981	municipal	S08	Primary	1250	145.5	2784.5
							Supplemental		1015.5	
2A	G2-27245C	ACN793	Spanaway Water Co.	12/9/1987	municipal	S10	Primary	900	160	2944.5
							Supplemental		560	
S1	G2-26091C	ABS147	Spanaway Water Co.	2/19/1982	municipal	S11	Primary	90	27	2971.5
							Supplemental			
S2	G2-26991C	ABS148	Spanaway Water Co.	10/2/1986	municipal	S12	Primary	800	31	3002.5
							Supplemental		27	
(S2)	G2-27957C	As above ABS148	Spanaway Water Co.	11/5/1990	multiple domestic	S12	Primary	800		3002.5
							Supplemental		9	
4	G2-27958P	ACK121	Spanaway Water Co.	11/5/1990	municipal	S14	Primary	1200	1065	4067.5
							Supplemental			
6	G2-28697P	AEC909	Spanaway Water Co.	12/2/1992	municipal	S15	Primary			4067.5
		<i>Not positive on the EC in the Well ID as tag damaged on construction</i>					Supplemental	1200	1290	
Claims:	None									
Relinquished Water Rights										
SI-1	G2-24376C		Spanaway Water Co.	12/20/1976	community domestic	NA	Primary	115	22.5	
SI-2	G2-25506C		Spanaway Water Co.	2/29/1980	community domestic		Supplemental	40	32.3	
TOTAL							Primary	11007 gpm	4067.5 af	4067.5
							Supplemental		5653.5 af	

*ACY117 is retained as a monitoring well, AEC945 is the new replacement production well

EXHIBIT 2



Application for a Water Right Permit

Department of Ecology

For Ecology Use
(Date Stamp)

JUL 23 2013

13 JUL 23 AM 48

DEPT. OF ECOLOGY
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

- GROUND WATER SURFACE WATER Water Resources Program
- 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: Spanaway Water Company	Phone No: 253-531-9024	Other No:
City: Spanaway	State: WA	Zip: 98387-1000
Email Address (if available):		

Contact Name (if different from above): Jeff Johnson	Phone No: 253-875-5230	Other No: 253-405-4726
Relationship to Applicant: Manager		
Address: Same as above		
City:	State:	Zip:
Email Address (if available): jnjohnson@spanaway-water.org		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Not Applicable (NA) - Spanaway Municipal Water System Service Area: Area Served by Spanaway as described in Dept. of Heath approved Water System Plan.	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: <u>92-30623</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>NA</u> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>7/23/13</u> By <u>SC</u> WRIA: <u>12</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

Spanaway owns all property for its wells except Wells 7 and S2 which have easements.

Briefly describe the purpose of your proposed project:

Spanaway Water Company proposes to secure a non-additive "umbrella" water right that authorizes the totality of its existing additive groundwater water rights ((Qa) 4,067.5 afy/(Qi) of 11,007 gpm) to be withdrawn from its existing well sources in a wellfield configuration, subject to the (non-additive) withdrawals of each well being limited to a maximum (non-additive) instantaneous quantity (Qi) of 3,000 gpm and a maximum (non-additive) annual quantity of 2400 afy. Please see cover letter for more detail.

Anticipated length of time to complete your project: Project is Complete.

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each. See Exhibit.

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 type="checkbox"/> Gallons per Minute (GPM)		
Municipal Purposes-See Exhibit 1.			
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 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 checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ See Exhibit 2/3. 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. See Exhibit 2.

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

Spanaway owns all property for its wells except Wells 7 and S2 which have easements.

Briefly describe the purpose of your proposed project:

Spanaway Water Company proposes to secure a non-additive "umbrella" water right that authorizes the totality of its existing additive groundwater water rights ((Qa) 4,067.5 afy/(Qi) of 11,007 gpm) to be withdrawn from its existing well sources in a wellfield configuration, subject to the (non-additive) withdrawals of each well being limited to a maximum (non-additive) instantaneous quantity (Qi) of 3,000 gpm and a maximum (non-additive) annual quantity of 2400 afy. Please see cover letter for more detail.

Anticipated length of time to complete your project: Project is Complete.

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each. See Exhibit.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Municipal Purposes-See Exhibit 1.			
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

Spring Creek River Lake
 Other: _____
 Source Name: _____
 Tributary to: _____
 Number of proposed diversion points: _____
 Do you have an existing diversion? YES NO

B.) If Ground Water Source

Well(s) Other: _____
 See Exhibit 2/3.
 Well diameter & depth: _____
 Number of proposed points of withdrawal: _____
 Do you have an existing well? YES NO
 If available, attach Water Well Report and pump test.
 Well Tag ID No. See Exhibit 2.

C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
See Exhibit 2						Pierce
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 (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____.						
Parcel No.	¼	¼	Section	Township	Range	County
						Pierce
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 (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section _____ See Exhibit 3.						

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.

Area served by Spanaway Water as described in Dept. of Health Approved Water System Plan, including all interties.

¼	¼	Section	Twp.	Range	County	Parcel No.
					Pierce	

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: NA – Municipal Water Supply System Service Area

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: Please see Exhibit 2.

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):

Spanaway Water Company is a Group A, municipal water supply system that holds thirteen (13) additive water rights and one non-additive water right that withdraw water from eleven (11) groundwater wells located within the Chambers-Clover Creek Watershed (WRIA 12). Spanaway has a total authorized additive annual quantity (Qa) of 4,067.5 afy and a total additive instantaneous quantity (Qi) of 11,007 gpm. As noted in the (attached) self-assessment, several of the Spanaway's additive water rights also include non-additive quantities. All of the water rights held by Spanaway are designated for municipal purposes. The non-additive water quantities requested under this water right application would be withdrawn from Spanaway's existing well sources, or potentially replacement/additional wells developed pursuant to RCW 90.44.100(3).

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: 26,000 _____ Estimate future population to be served: 34,300 _____ (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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, date plan was approved 12/3/2010. Water System Number: 82850P Name of water system: <u>Spanaway Water Company</u> Are you within the service area of an existing water system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain why you are unable to connect to the system: <u>Within service area of Spanaway Water Company.</u> _____ _____ _____ _____ _____	

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: _____

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: Spanaway Water Company office is located at 18413 B St. East, Spanaway, WA 98387. From I-5, take WA-512 E exit toward Puyallup, take WA-7/Pacific Avenue exit towards Parkland/Spanaway/Paradise, turn left onto 176th St.E. then turn right on B. St. E. The Company office is located on the left in about 3/4of a mile.

Site Address: Spanaway Water Company office is located 18413 B St. East, Spanaway, WA 98387.

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.

JEFFREY N. JOHNSON
 Print Name JEFFREY N. JOHNSON
 (Applicant or authorized representative)

[Signature]
 Signature

7/22/13
 Date

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

 Signature

 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: 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.

