DEPARTMENT OF ECOLOGY
State of Washington

Application for a Water Right Permit

For Ecology Use
(Date Stamp)

Follow the attached instructions. Attach additional sheets as necessary.

☒ **GROUND WATER** ☐ **SURFACE WATER** ☐ **DROUGHT**
☒ **PERMANENT** ☐ **SHORT TERM** ☐ **TEMPORARY**

***A NON-REFUNDABLE MINIMUM FEE OF $50.00 MUST ACCOMPANY COMPANY THIS APPLICATION.**

Section 1. APPLICANT

☐ **I have participated in a pre-application conference with Ecology.**

Applicant/Business Name: Tami Edwards	Phone No: 360-273-8066	Other No: 360-628-0160
Address: 16639 Jordan St SW		
City: Rochester	State: Wa	Zip: 98579
Email Address (if available): Edwardt@co.thurston.wa.us		

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: Tami L Edwards 360 273-8066	Phone No:	Other No: 360-628-0160
Address: SAA		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: G2-30655 SEPA: Exempt/Not Exempt Fee Paid: X Check No: ECY Coding: 001-001-WR1-0285-000011
Date Returned 4-20-15 By SC Priority Date By WRIA: 23	
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: establish water right from well on property I've owned since 1992.

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) ☐ Cubic Feet per Second (CFS) ☐ Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Home			
Garden			
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
☐ Spring ☐ Creek ☐ River ☐ Lake ☐ Other:_____	☒ Well(s) ☐ Other:_____
Source Name:_____	Well diameter & depth:_____
Tributary to:_____	Number of proposed points of withdrawal:_____
Number of proposed diversion points:_____	Do you have an existing well? ☒ YES ☐ NO
Do you have an existing diversion? ☐ YES ☐ 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
13629240100	S 29	163 W	29	16	3W W25E SE NW	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:

_____ Feet (☐ North/☐ South) and _____feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ ____) corner of Section_____.

Parcel No.	¼	¼	Section	Township	Range	County
						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:

_____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.

¼	¼	Section	Twp.	Range	County	Parcel No.
					Thurston	13629240100

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): Well pump & pressure tank

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	**B.) Municipal Water Systems only** *(defined under RCW 90.03.015)*
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: home, shop *(e.g., home, recreational cabin)*	Estimate future population to be served: _____ (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 ____/____/____ Water System Number:_____

Name of water system:_____

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:_____

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 5 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: orchard, pasture, garden

_____

_____

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: from Hwy 12 and Littlerock Rd in Rochester. Head N on Littlerock Rd to Jordan St SW. Turn L onto Jordan St. Head N on Jordan St past 173rd SW where it turns into gravel. Go all the way to the end past the chicken farm. It jogs left and is the log house at the end of the dead end.

Site Address: 16639 Jordan St SW
Rochester, Wa 98579

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.

X _____ _____ _____

Print Name (Applicant or authorized representative) | Signature | Date

X _____ _____ _____

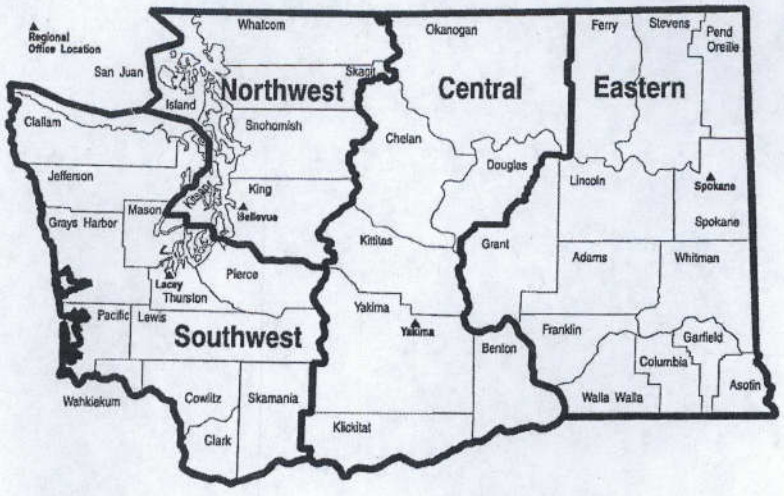
Print Name (Legal Owner or Part Owner Place of Use) | Signature | Date

X _____ _____ _____

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

Please check the region in which the project is located:

***Submit your application to:**	☐ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902-3463 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ 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.