



# Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

**RECEIVED**

JUN 24 2015

WA State Department  
of Ecology (SWRO)

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: PUBLIC UTILITY DISTRICT NO. 1 OF CLALLAM COUNTY	Phone No: 360-565-3449	Other No: 360-565-3216
Address: 2431 EAST HIGHWAY 101		
City: PORT ANGELES	State: WA	Zip: 98362
Email Address (if available): TOMM@CLALLAMPUD.NET		

Contact Name (if different from above): TOM MARTIN	Phone No: 360-5565-3449	Other No:
Relationship to Applicant: ASSISTANT SUPERINTENDENT WATER AND WASTEWATER SYSTEMS		
Address: SAME		
City:	State:	Zip:
Email Address (if available): SAME		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: PUBLIC UTILITY DISTRICT NO. 1 OF CLALLAM COUNTY	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: <u>G2-306608</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>/</u> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>6-24-15</u> By <u>SC</u> WRIA: <u>18/clallam</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

Briefly describe the purpose of your proposed project: BACKUP TO MORSE CREEK WATER RIGHT DURING 2015 DROUGHT.

Anticipated length of time to complete your project: 4 MONTHS OR LESS

**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)		
MUNICIPAL	35		18.87	SEASONAL
<b>TOTAL:</b>	35		18.87	

### 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: 07/07/2015 TO: 11/05/2015

## 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>2-IN. / 108-FT &amp; 444-FT</u> Number of proposed points of withdrawal: <u>2</u> Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. <u>#ACA564, #ACA565</u>

C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
0529041200250000	NW	NE	4	29 N	5 WWM	CLALLAM
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
0529041200250000	NW	NE	4	29 N	5 WWM	CLALLAM
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.

UPPER FAIRVIEW WATER SYSTEM SERVICE AREA OF P.U.D. NO. 1 OF CLALLAM COUNTY						
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: \_\_\_\_\_  
\_\_\_\_\_

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: S2-00076CA, GWP7439  
\_\_\_\_\_

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 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: 1400 _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: 1700 _____ (20 year projection)
<b>C.) Water System Planning</b>	
<p>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</p> <p>If yes, date plan was approved <u>11/01/2010</u> Water System Number: <u>432960</u></p> <p>Name of water system: <u>PORT ANGELES COMPOSIT</u></p> <p>Are you within the service area of an existing water system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, explain why you are unable to connect to the system: <u>TOWNSHIP LINE WELLS WILL BE USED FOR SUPPLYING WATER TO THE UPPER FAIRVIEW SYSTEM DURING THE 2015 DROUGHT.</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

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

Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses: NONE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 N/A 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: N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Use**

NONE

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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: HIGHWAY 101 EAST FROM PORT ANGELES (OR WEST FROM SEQUIM). TURN SOUTH ON TO DEER PARK ROAD. TURN EAST ON TOWNSHIP LINE ROAD. TURN SOUTH ON TO ACCESS ROAD TO PUD RESERVOIR AND WELL SITE. THE ADDRESS IS 496 TOWNSHIP LINE ROAD, PORT ANGELES.

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Site Address: \_\_\_\_\_

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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.

DOUG NASS  
 Print Name  
 (Applicant or authorized representative)

*[Signature]*  
 Signature

6.15.15  
 Date

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Signature

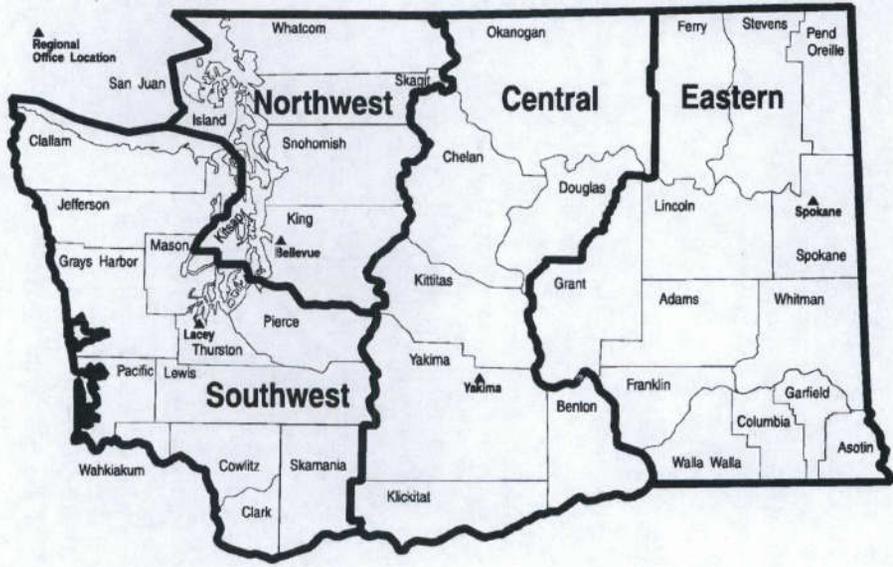
\_\_\_\_\_  
 Date

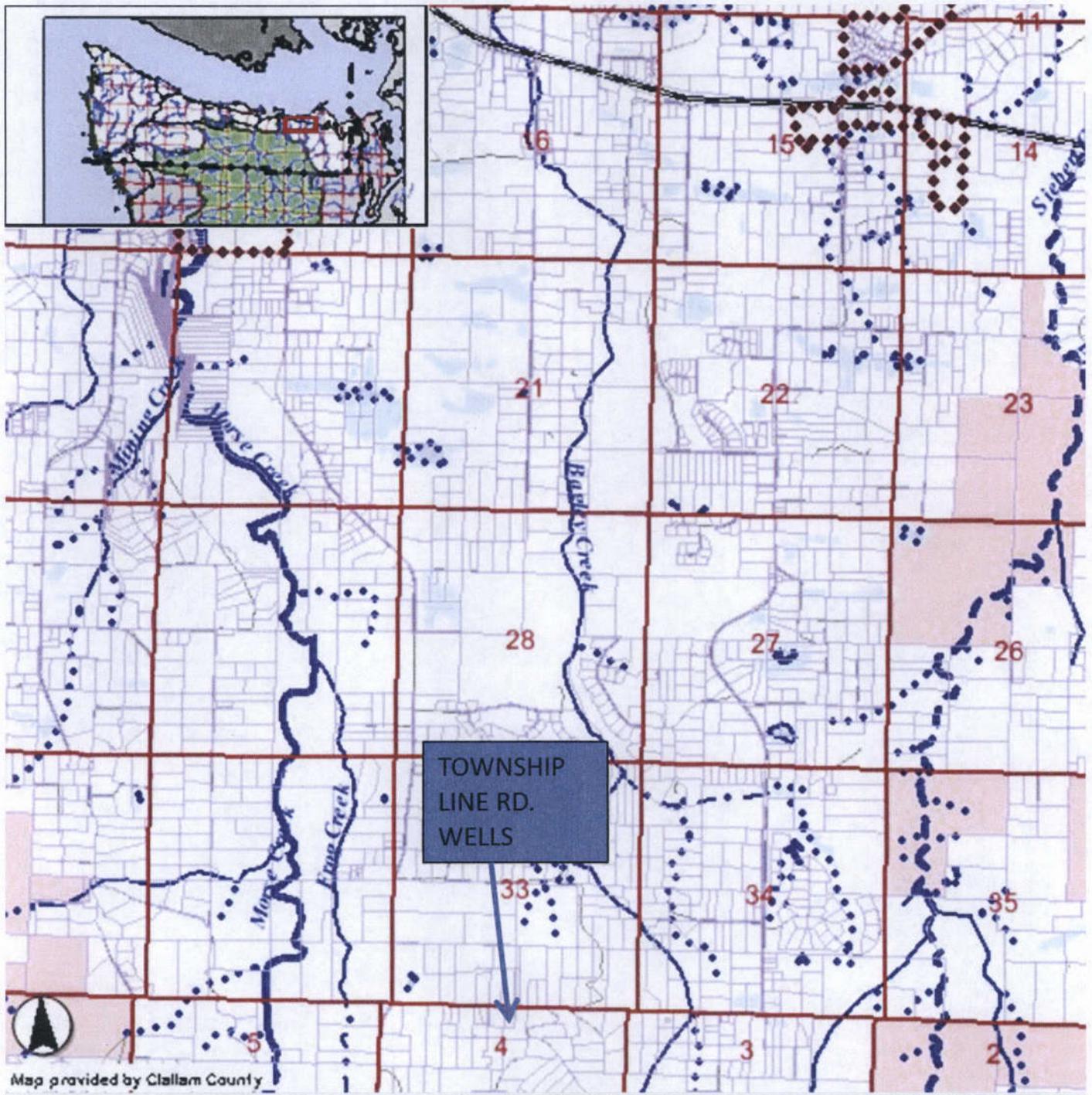
Please check the region in which the project is located:

<p><b>*Submit your application to:</b>                   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 <sup>th</sup> 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.





## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): THE PROPOSED WATER SYSTEM INCLUDES TWO EXISTING WELLS. THEY ARE CONNECTED TO THE FAIRVIEW WATER SYSTEM. THEY HAVE BEEN USED IN THE PAST FOR THE SAME PURPOSE AS NOW PROPOSED.