



State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED
01 MAY 22 AM 10:20

For Ecology Use
Fee Paid _____
Date _____

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name NEILTON AND MEADOWLAND WATER DISTRICT No. 8 Home Tel: (360) 288 - 2308
Mailing Address P.O. BOX 115 Work Tel: () -
City NEILTON State WA Zip+4 98566 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name MIKE OLDEN, P.E. (GIBBS-OLSON) Home Tel: () -
Mailing Address 2604 12th CT SW, SUITE A Work Tel: (360) 352 - 1120
City OLYMPIA State WA Zip+4 98502 + 5715 FAX: (360) 352 - 1102
Relationship to applicant ENGINEERING CONSULTANT

Section 3. STATEMENT OF INTENT

Multiple Domestic

The applicant requests a permit to use not more than 200 (gallons per minute or cubic feet per second) from a surface water source or ground water source (check only one) for the purpose(s) of PUBLIC WATER SUPPLY. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 70

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From ___ / ___ / ___ to ___ / ___ / ___

Section 4. WATER SOURCE

If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: _____ Source flows into (name of body of water): _____	If GROUNDWATER A permit is desired for <u>UP TO 3</u> well(s). Size & depth of well(s): <u>8" CASING</u> <u>200-FOOT DEPTH (ESTIMATE)</u>
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LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: ONE OF THREE POTENTIAL SITES AS LISTED BELOW AND SHOWN ON THE ATTACHED SERVICE AREA MAP.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>SW</u>	<u>12</u>	<u>22</u>	<u>10W</u>	<u>GRAYS HARBOR</u>			
<u>NW</u>	<u>NW</u>	<u>13</u>	<u>22</u>	<u>10W</u>	<u>GRAYS HARBOR</u>			

For Ecology Use Date Received: 5/22/01 Priority Date: 5/22/01
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 6-25/01 By SC Date Returned _____ By _____ WRIA: 21

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: NEILTON AND MEADOWLAND WATER DISTRICT No. 8
- B. Briefly describe your proposed water system. (See instructions.)
 THE DISTRICT CURRENTLY UTILIZES SURFACE WATER DIVERSIONS TO SERVE APPROXIMATELY 110 HOMES AND BUSINESSES. THEY ARE EXPLORING GROUNDWATER ALTERNATIVES AS A MEANS FOR MORE COST EFFECTIVE REGULATORY COMPLIANCE.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. ATTACHED

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 130 Type of connection (HOMES, APARTMENTS, ETC.)
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? YES NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. NA

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? YES NO
 If yes, when was it approved? MARCH 2000 Please attach the current approved version of your plan.
TO BE SUBMITTED AFTER TEST WELL DRILLING REPORT COMPLETION
- D. Do you have an approved conservation plan? YES NO
 If yes, when was it approved? MARCH 2000 Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.) NA - INCIDENTAL

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
 Use _____ Acres _____
 Use _____ Acres _____
 Use _____ Acres _____
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
 Add up 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;
 ‡ Acreage proposed to be irrigated under other pending application(s).
 1. Is the combined acreage greater than 2000 acres? YES NO
 2. Do you have a controlling interest in a Family Farm Development Permit? YES NO
 If yes, enter permit no: _____
- E. Farm uses:
 Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES NO

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 apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

HWY 101 NORTH OF HOQUIAM TO BURN ROAD,
SITES ARE WITHIN 1,500 FEET OF THE BURN
ROAD AND HWY 101 INTERSECTION. (SEE ATTACHED MAPS)

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.) ✓

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? YES NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

THE POTENTIAL WELL SITES ARE WITHIN OR
ADJACENT TO THE WATER DISTRICT SERVICE AREA

B. Does the applicant own the land on which the water source is located? YES NO
If no, submit a copy of agreement:
RIGHT OF ENTRY AND FUTURE PURCHASE/EASEMENT AGREEMENTS
TO BE NEGOTIATED UPON FINAL SITE SELECTION.

I certify that the information above 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 I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.


Applicant (or authorized representative)

5/21/01
Date

Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

PROPOSED DESCRIPTION OF PLACE OF USE;

THE PLACE OF USE SHALL BE WITHIN OR ADJACENT TO THE BOUNDARIES OF THE HEILTON AND MEADOWLAND WATER DISTRICT No. 8, GRAYS HARBOR COUNTY, WASHINGTON.

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
<input type="checkbox"/> Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).