



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY  
WATER RIGHT CLAIMS REGISTRATION

**WATER RIGHT CLAIM**

RECEIVED  
DEPARTMENT OF ECOLOGY

MAY-7 73038298

CASH  OTHER  NONE

1. NAME THE EVERGREEN STATE COLLEGE  
ADDRESS ~~BUILDING 201~~  
OLYMPIA, WASHINGTON ZIP CODE 98505

2. SOURCE FROM WHICH THE RIGHT TO TAKE AND MAKE USE OF WATER IS CLAIMED: \_\_\_\_\_  
(SURFACE OR GROUND WATER)  
GROUND WATER W.R.I.A. 13  
(LEAVE BLANK)

A. IF GROUND WATER, THE SOURCE IS WELL

B. IF SURFACE WATER, THE SOURCE IS \_\_\_\_\_

3. THE QUANTITIES OF WATER AND TIMES OF USE CLAIMED:  
A. QUANTITY OF WATER CLAIMED 60 GPM PRESENTLY USED 60 GPM  
(CUBIC FEET PER SECOND OR GALLONS PER MINUTE)  
B. ANNUAL QUANTITY CLAIMED 96.6 A.F./yr. PRESENTLY USED 96.6 A.F./yr  
(ACRE FEET PER YEAR)  
C. IF FOR IRRIGATION, ACRES CLAIMED NONE PRESENTLY IRRIGATED NONE  
D. TIME(S) DURING EACH YEAR WHEN WATER IS USED: January 1 through December 31

4. DATE OF FIRST PUTTING WATER TO USE: MONTH OCTOBER YEAR 1969

5. LOCATION OF THE POINT(S) OF DIVERSION; WITHDRAWAL: 1050 FEET north AND 150  
FEET west FROM THE south east CORNER OF SECTION 6  
BEING WITHIN S.E. 1/4 S.E. 1/4 OF SECTION 6 T. 18 N..R. 2 west (E.OR.W.) W.M.  
IF THIS IS WITHIN THE LIMITS OF A RECORDED PLATTED PROPERTY, LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ OF \_\_\_\_\_

(GIVE NAME OF PLAT OR ADDITION)

6. LEGAL DESCRIPTION OF LANDS ON WHICH THE WATER IS USED: S.E. 1/4 S.E. 1/4 of Section 6,  
township 18 north range 2 west, W.M.

\_\_\_\_\_ COUNTY Thurston

7. PURPOSE(S) FOR WHICH WATER IS USED DOMESTIC SUPPLY FOR OFFICE

8. THE LEGAL DOCTRINE(S) UPON WHICH THE RIGHT OF CLAIM IS BASED. APPROPRIATION

**DO NOT USE THIS SPACE**  
THE FILING OF A STATEMENT OF CLAIM DOES NOT CONSTITUTE AN ADJUDICATION OF ANY CLAIM TO THE RIGHT TO USE OF WATERS AS BETWEEN THE WATER USE CLAIMANT AND THE STATE OR AS BETWEEN ONE OR MORE WATER USE CLAIMANTS AND ANOTHER OR OTHERS. THIS ACKNOWLEDGEMENT CONSTITUTES RECEIPT FOR THE FILING FEE.  
DATE RETURNED \_\_\_\_\_ THIS HAS BEEN ASSIGNED WATER RIGHT CLAIM REGISTRY NO. \_\_\_\_\_

I HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF  
X [Signature]  
DATE 4/16/73  
IF CLAIM FILED BY DESIGNATED REPRESENTATIVE PRINT OR TYPE FULL NAME AND MAILING ADDRESS OF AGENT BELOW  
J. L. Schillinger  
Director of Facilities Planning  
THE EVERGREEN STATE COLLEGE  
Olympia, Washington 98505  
 ADDITIONAL INFORMATION RELATING TO WATER QUALITY AND/OR WELL CONSTRUCTION IS AVAILABLE

MAY 8 13027895  
[Signature]  
DIRECTOR - DEPARTMENT OF ECOLOGY

A FEE OF \$7.00 MUST ACCOMPANY THIS WATER RIGHT CLAIM

RETURN ALL THREE COPIES WITH CARBONS INTACT, ALONG WITH YOUR FEE TO DEPARTMENT OF ECOLOGY  
WATER RIGHT CLAIMS REGISTRATION  
OLYMPIA, WASHINGTON 98505

ORIGINAL DWR