



AMENDED 11/10/99

RECEIVED SEP 14 1998 DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

For Ecology Use Fee Paid \$10.00 Date 9/14/98 CK # 015233

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

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

Name CITY OF ROYAL CITY Home Tel: (509) 346 - 2263 Mailing Address 445 Camelia Street Work Tel: (509) 346 - 2263 City Royal City State WA Zip+4 99357 + FAX: (509) 346 - 2040

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

[X] Same as above Name Mr. John Lasen & JEFFREY STEVENS of Gray & Osborn, Inc. (consulting engineers) Home Tel: ( ) - Mailing Address ROYAL CITY 445 Camelia St 107 S. 3rd St Work Tel: (509) 453 - 4833 City ROYAL CITY WA / YAKIMA State WA Zip+4 98901 + FAX: (509) 453 - 5953 Relationship to applicant Public Works Director

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (1,000 gpm) ( [X] 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 Continuous municipal 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: 500 acre-feet

[ ] 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

Table with 2 columns: If SURFACE WATER and If GROUNDWATER. Includes fields for water source name, number of diversions, and well details (number, depth, size).

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Well No. 1 - 5,100' S and 2,820' E of the NW corner of Section 1. Well No. 2 - 1,270' S and 2,600' E of the NW corner of Section 1. Well No. 3 - 4,800' S and 100' E of the NW corner of Section 1 or 2,380' S and 4,230' E of the NW corner of Section 1.

Table with 7 columns: 1/4 of, 1/4 of, Section, Township, Range(E/W), County, and If location of source is platted, complete below (Lot, Block, Subdivision). Includes handwritten well locations for wells 1, 2, and 3.

For Ecology Use Date Received: 9/14/1998 Priority Date: 9/14/1998 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health # Date Accepted As Complete 10/7/1999 By LK Date Returned By WRIA: 41

Notes: corrections per 10/10/99 ph. call w/ Jeff Stevens. PPI22 cc'd corrected copies to J. Lasen & J. Stevens. LK

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: City of Royal City Water System
- B. Briefly describe your proposed water system. (See instructions.)  
 The purpose of this application is to apply for a new 16-inch diameter well equipped with a 1,000 gpm pump (approximately 200 HP), and connected to the existing distribution system. Two possible City-owned locations have been identified on the attached map. The proposed Well No. 3, along with existing Well No. 1 and No. 2, will serve the residents of the City of Royal City as shown on the attached map. This well is needed to allow the City to operate its system during normal operations and emergency conditions. Currently, the City cannot meet existing peak day demand with its largest well out of service.
- C. Do you already have any water rights or claims associated with this property or system?  YES  NO  
 PROVIDE DOCUMENTATION. (See cover letter).  
*See Table "A" (GW Cert # 3184-A; GW Cert 5405-A)*

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

- A. 989 ERUs total by 2,016 as defined in the 1998 Draft Water System Plan.  
 Number of "connections" requested: 1 Type of connection Municipal  
 (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.

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? \_\_\_\_\_\* Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan?  YES  NO  
 If yes, when was it approved? \_\_\_\_\_\* Please attach the current approved version of your plan.

\* The City's 1998 Draft Water System Plan was submitted to DOH for review in September, 1998.

**Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION**  
(Complete for all irrigation and agriculture uses.) N/A

- 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.

\* Existing 400,000 gallon storage reservoirs as outlined in the City's 1998 Draft WSP.

**Section 9. DRIVING DIRECTIONS**

Provide detailed driving instructions to the project site.

From Yakima, head west to I-90. Proceed east on I-90 to Vantage at the Columbia River. Proceed east on Highway 26 to Royal City.

**Section 10. REQUIRED MAP**

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

**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 City provides municipal water service to the residents of the City of  
Royal City.

B. Does the applicant own the land on which the water source is located?  YES  NO  
If no, submit a copy of agreement:

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.

M. S. R.  
Applicant (or authorized representative)

September 3, 1998  
Date

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

\_\_\_\_\_  
Date

G 330190

I have examined this application as required by SEPA and find that it is:  not an "action",  categorically exempt.  
10/7/99 [Signature]  
DATE SIGNATURE

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

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ 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).

G 330190

APPLICATION