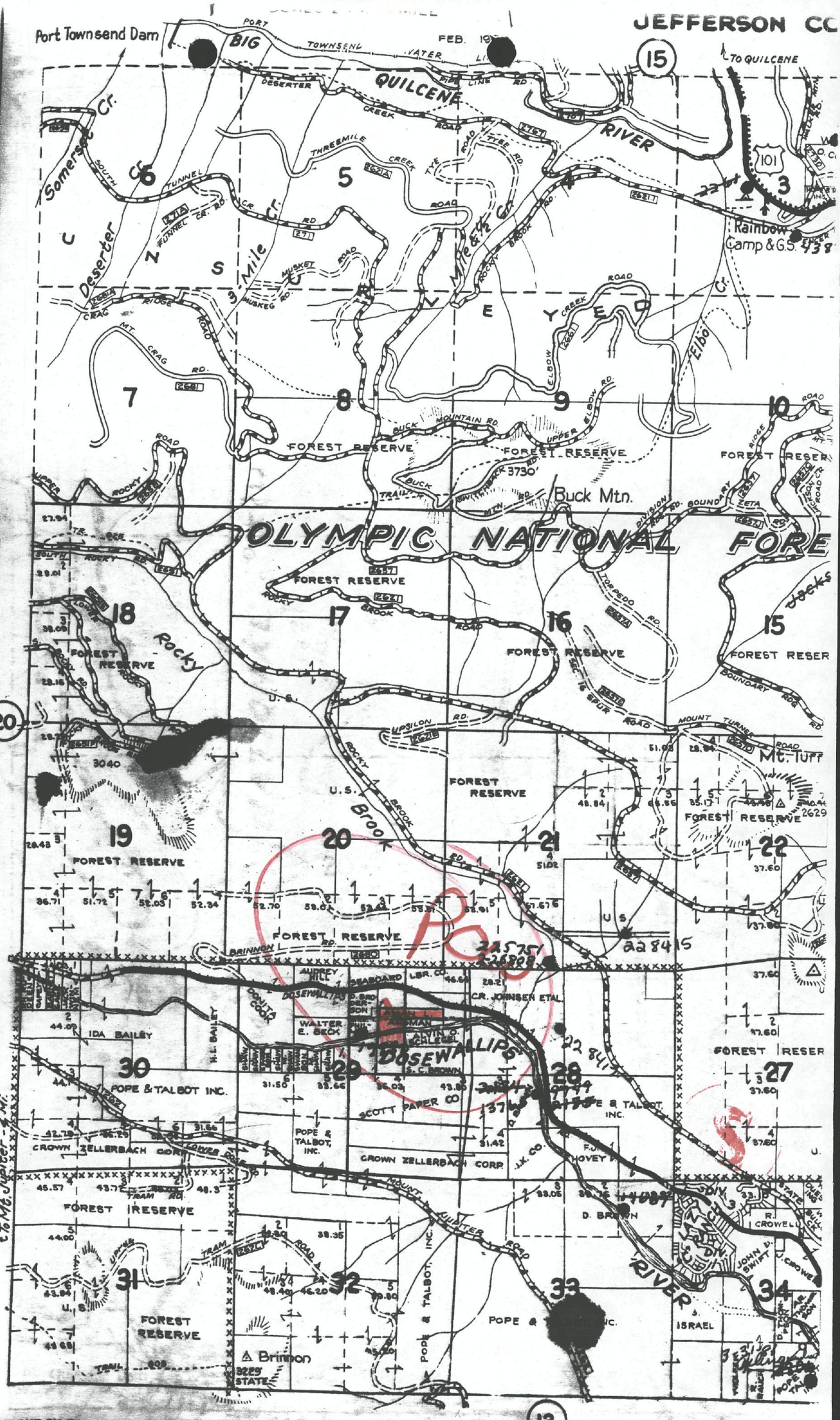

JEFFERSON CO
Port Townsend Dam
BIG
PORT TOWNSEND WATER LINE
FEB. 19
15
TO QUILCENE
QUILCENE
DESERTER CREEK ROAD
PIPE LINE RD.
RIVER
THREEMILE CREEK ROAD
TYE ROAD
101
Rainbow Camp & G.S.
Somerset Cr.
SOUTH TUNNEL CR. RD.
Deserter Cr.
3 Mile Cr.
MUSKEG RD.
CRAG RIDGE ROAD
MT. CRAG RD.
5½ Mile Cr.
ROCKY BROOK RD.
ELBOW CREEK ROAD
Elbow Cr.
FOREST RESERVE
BUCK MOUNTAIN RD.
UPPER ELBOW RD.
Buck Mtn.
OLYMPIC NATIONAL FORE
UPPER ROCKY RD.
TORPEDO RD.
SPUR ROAD
DIVISION ROAD
BOUNDARY RD.
ZETA
Jacks
Rocky
U.S.
LIPSILON RD.
MOUNT TURNER ROAD
Mt. Tuff
Brook
BRINNON RD.
AUDREY HILL
SEABOARD LBR. CO.
DOSEWALLIPS
C.R. JOHNSEN ETAL
WALTER E. BECK
IDA BAILEY
H.E. BAILEY
POPE & TALBOT INC.
SCOTT PAPER CO
CROWN ZELLERBACH CORP.
LOWER ROSE
TRAM RD.
MOUNT JUPITER ROAD
RIVER
D. BROWN
R. CROWELL
JOHN D. SWIFT
ISRAEL
Brinnon
STATE
POPE & TALBOT, INC.
c. to Mt. Jupiter - ¼ mi.
COPYRIGHT BY THOS. C. NETSKER
13

DESCRIPTION OF SYSTEM

#6

NOTE: PORTIONS OF THE SYSTEM ARE IN NW¼, NE¼, NE¼, NE¼; SE¼, NE¼ & SW¼, NE¼.

NEW SYSTEMS—Cont.

Section 1. General System Data

a. System Name: ELK MEADOWS WATER SYSTEM

b. System Location: NW ¼, NE ¼, Section 29, Township 26N, Range 2W (WELL ITSEL

USGS ¼, ¼ Section Letter Code Designation B

c. I.D. Number: Age: 2YRS Number of Services: 1

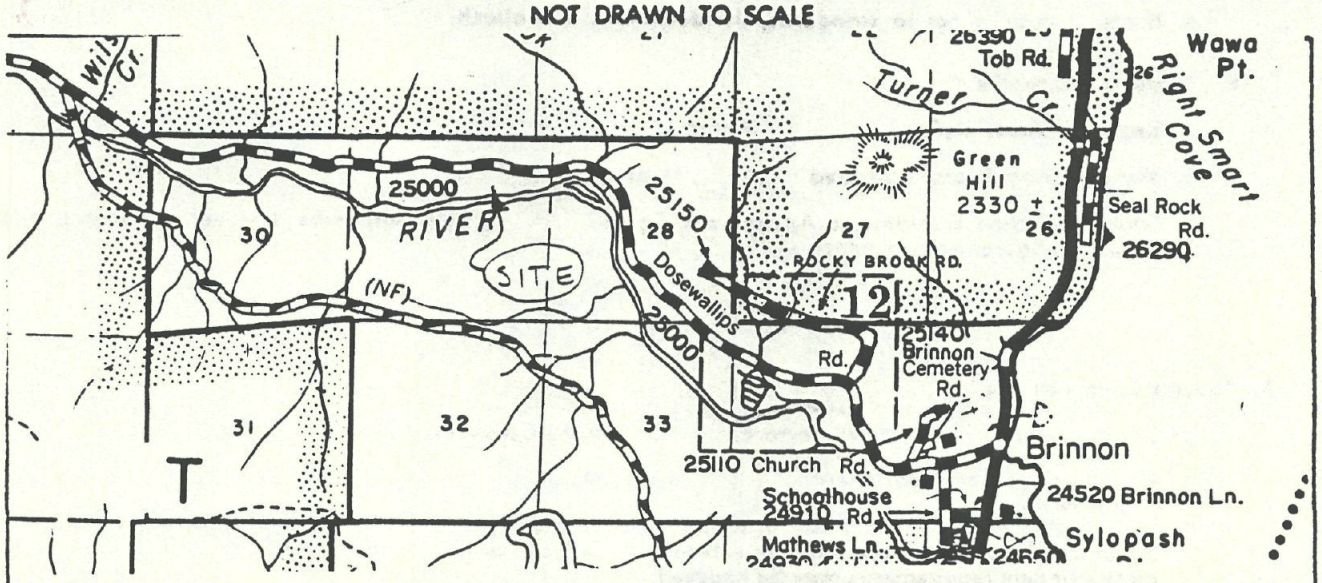
d. Owner: JOE & JOY BAISCH Manager: JOE BAISCH

e. Address: 3485 DOSEWALLIPS RD Address: (SAME)

BRINNON, WA 98320

f. Telephone: (206) 796-4886 Telephone: (SAME)

NOT DRAWN TO SCALE



Vicinity Location Sketch:

g. Is there an adjacent water system: Yes..... No.....✓

h. If yes, could it serve you: Yes..... No..... N/A

i. Name or designation of source

Name or Designation of Source

Number	NAME	Dug Well	Drilled Well	Spring	Surface Water	Capacity
	BAISCH WELL		✓			30GPM (MIN)

j. **System Layout Sketch**—Draw system layout sketch on Page 10 of this workbook or attach applicable design. Include: Distribution lines, pipe lengths and size, materials, age, condition, valves and fittings, appurtenances, and customer services.

k. **Source Location and Protection Layout**—Draw source location and protection sketch on Page 11 of this workbook and indicate property lines, roads, radius of protection control, and potential sources of contamination relative to the well site. Show spring collection, if applicable.

Section 2. Source Development—to be completed for each source. (Appendix 1)

A. General Source Data

I. *Wells

a. Well Logs: Existing Well . . New Well . . . . . .

Attached . . Not Available.....

b. If not available, contact your local health agency.

c. Well contruction: Satisfactory . . . Unsatisfactory (Appendix 1)

d. If construction is not to standards, list deviations and attach.

II. *Springs (Appendix 4)

a. Recharge Area: Defined . . . . . , Protected .....

b. Waterbearing Strata: Protected . . Unprotected.....

c. Spring collection according to Appendix 4, figure , or if Appendix 4 is not applicable, sketch actual configuration and attach.

B. *Source Collection Site

a. Site Inspection: Satisfactory . . . . Unsatisfactory (Appendix 2—attach report)

b. Protective covenants/easements: . . . Satisfactory . . Unsatisfactory . . . . . Unobtainable (Appendix 3)

c. For 100 ft. radius , 200 ft. radius . . . , Other (Define on attached sheet)
When clearly justified these requirements may be reduced or increased by the health officer and lesser or more stringent requirements may be imposed.

d. Recorded Yes, . No, Number . . . . .
If the protective covenants/easements are "unobtainable", contact your local health agency regarding a request for variance. "Unobtainable" may be defined by the local health department if a reasonable attempt has been made by the purveyor to secure the restrictive covenants and/or easements.

C. Source Capacity

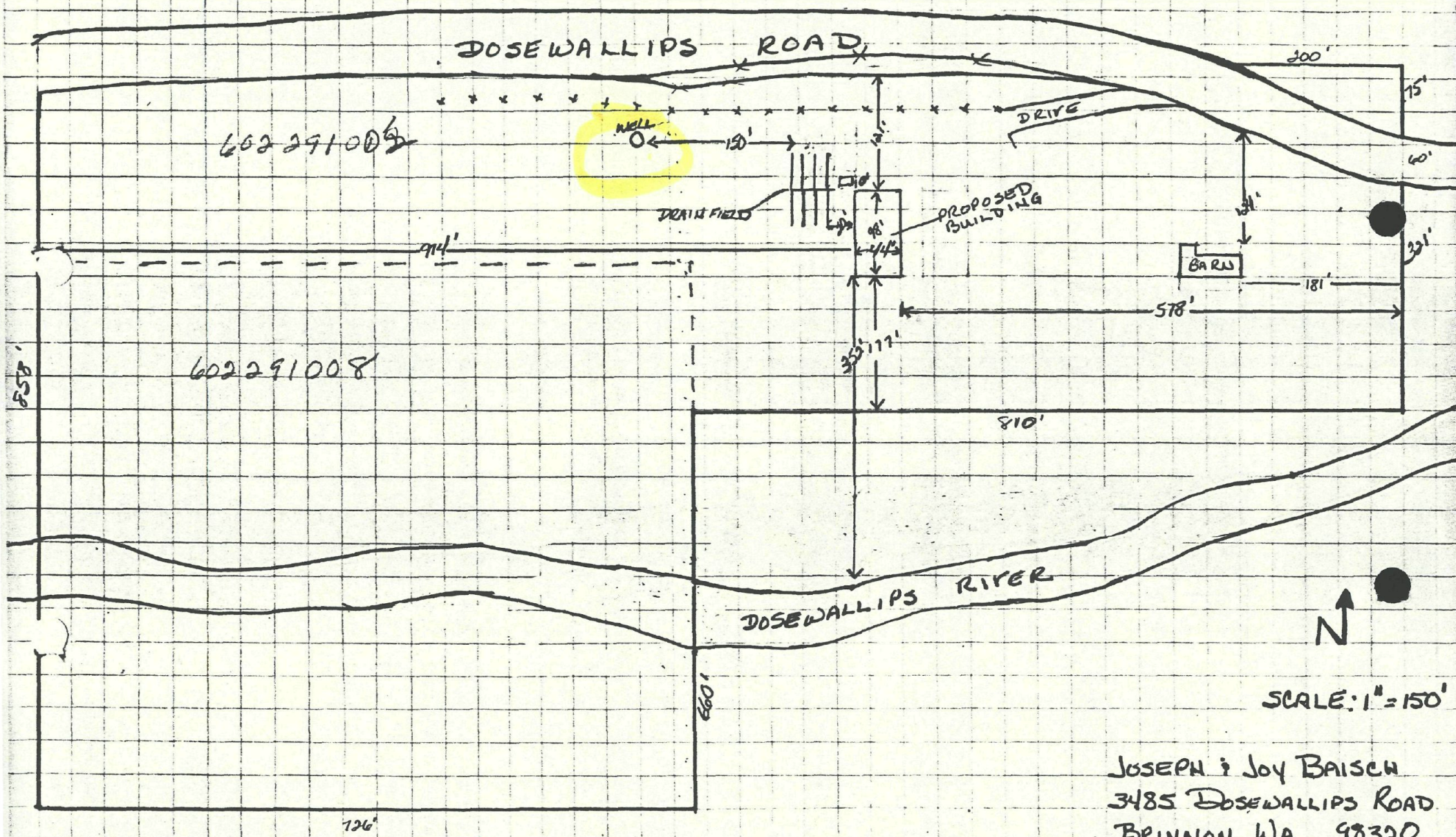
a. Number of connections 1 , Maximum required peak flow 20 . . gpm (Table 1, page 7)

b. Required Daily Production: 1 . . . gpm ..... 800 gpd (Table 1, page 7)

c. Source capacity (by pump test, bailer test is unacceptable) gpm gpd
If some other technique is used, include details on an attached sheet.

d. Proposed Pump Rate: 20 gpm gpd
If the proposed pump rate is less than the maximum required peak flow, refer to Section 4, page 5, for the required storage.

*If the response to any portion of these subsections is "unsatisfactory", "undefined", or "unprotected", please contact your local health agency.



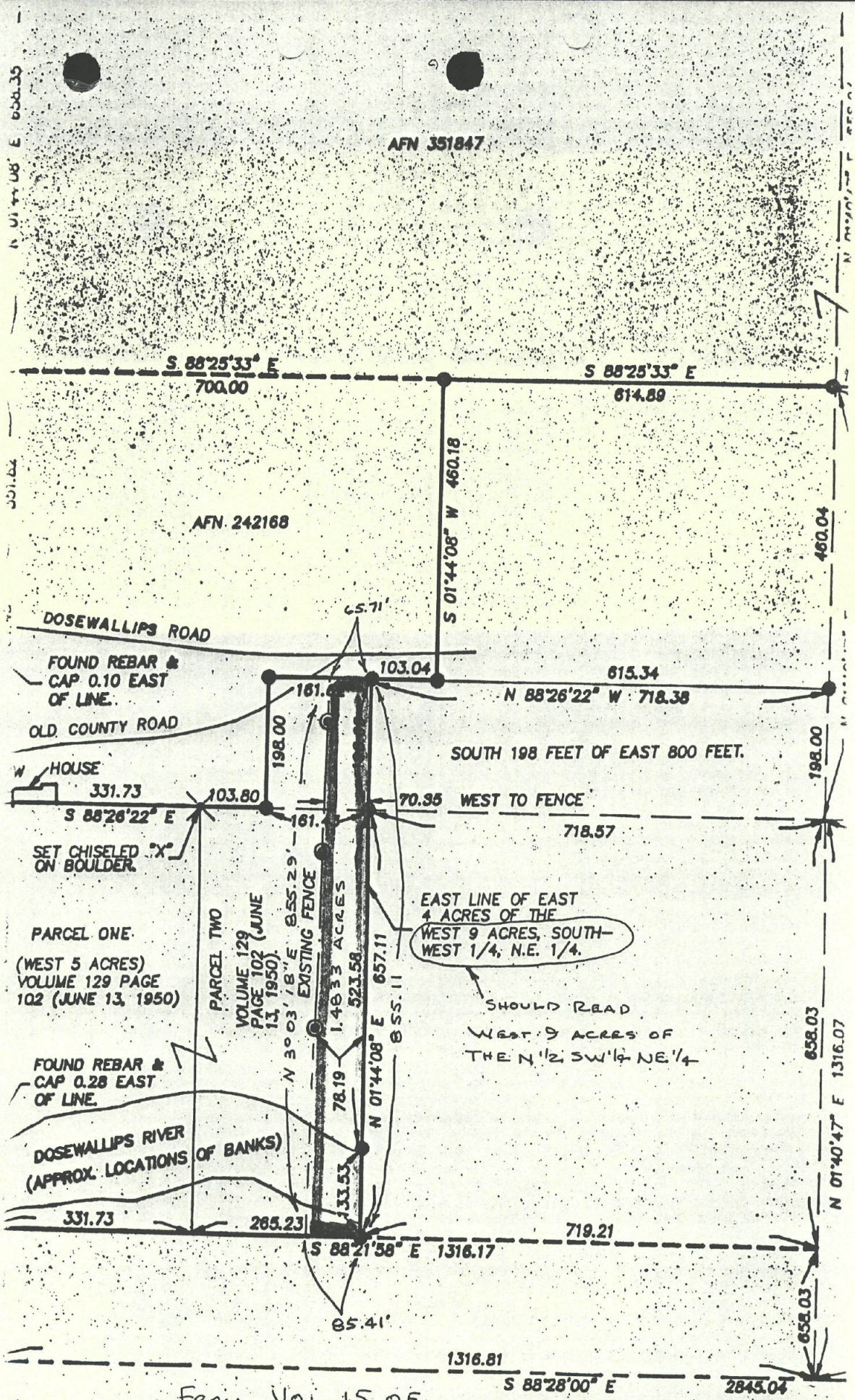
SCALE: 1" = 150'

JOSEPH & JOY BAISCH
3485 DOSEWALLIPS ROAD
BRINNON, WA 98320
(206) 796-4886 DAYS 285-5955

TAX # 602 291 008 & 602 291 012

LEGAL- S29 T26 R2W 11.0 AC., W½ SW NE LESS W 9 A.,

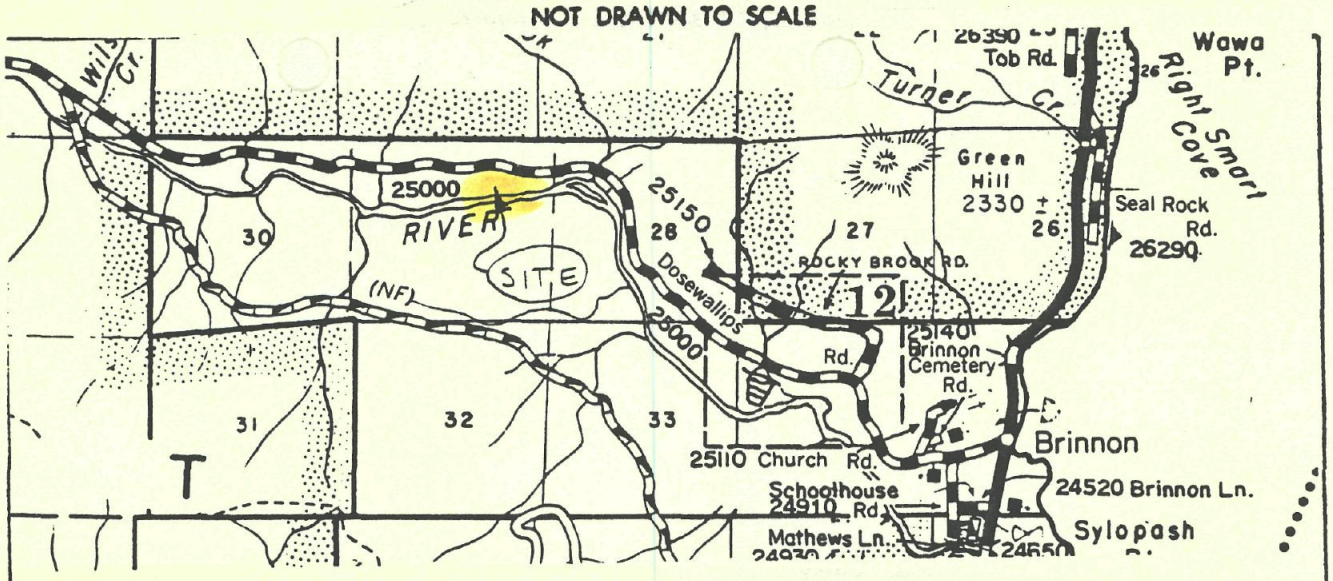
EXHIBIT A-1



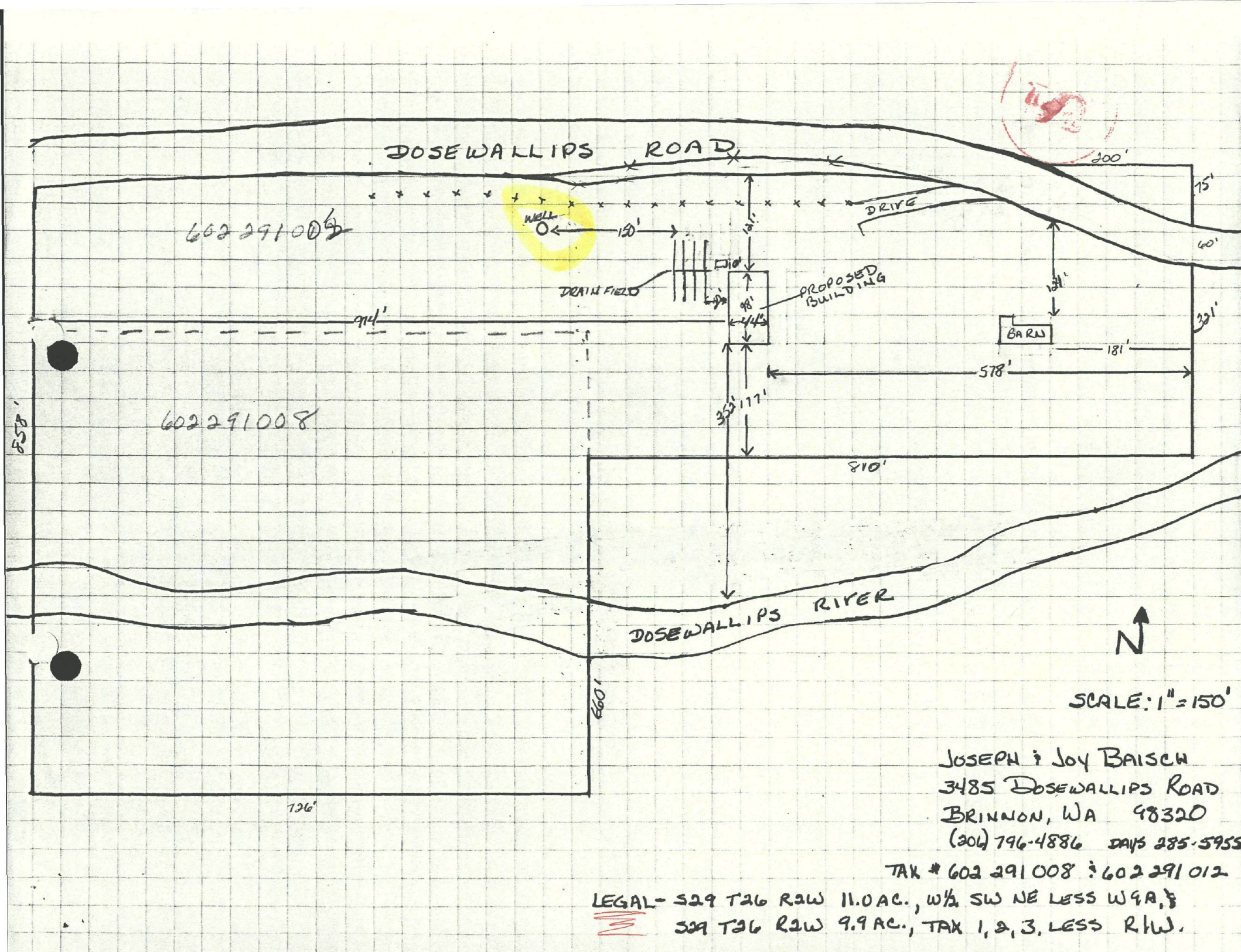
FROM VOL 15 OF SURVEYS P.59

I. Telephone: ..... Telephone: .....

NOT DRAWN TO SCALE



Vicinity Location Sketch:



JOSEPH & JOY BAISCH
3485 DOSEWALLIPS ROAD
BRINNON, WA 98320
(206) 796-4886 DAYS 285-5955

TAX # 602 291 008 & 602 291 012

LEGAL- S29 T26 R2W 11.0 AC., W½ SW NE LESS W 9 A.,
S29 T26 R2W 9.9 AC., TAX 1, 2, 3, LESS R/W.

D. Pumping Equipment (Appendix 7)

i. **Source Pump**

a. Pump rate ....20.... gpm (Must be no less than Required Daily Production)
Note: Section 6, page 6, "Distribution System Sizing and Headloss" must be completed before filling out the following form.

b. Required Pump Head (Appendix 7)

	WELL	SPRING
Static Head		
(a) Well lift	....10.... ft.	.... ft.
(b) System Elev. Diff.	....-3.... ft.	.... ft.
Headlosses	....20.... ft.	.... ft.
Residual (30 psi)	....70.... ft.	.... ft.
TOTAL	....97.... ft.	.... ft.
Available Pressure Head	.... ft.	.... ft.

Also, use this method if the source pump delivers to a storage tank where repumping is necessary; then a residual of 0 or close to 0 may be considered in pump sizing.

For springs, if the available pressure head exceeds the required pump head, then no pump will be required.

c. Required pump:

Total required Pump Head ....97.... ft.

Pump Rate ....20.... gpm

Select pump from pump catalog for ....97 ft.... head and pump rate of ....20.... gpm.

d. Selected Pump: (attach pump curve and specifications)

Type ....SUBMERSIBLE...., Manufacturer ....SEARS.... Model No. 390 284 060

RPM ....3450.... , Horsepower ....1....

Pump rate ....18.4.... gpm, at a head of ....100.... ft. giving ....N/A.... % efficiency (when available)

e. Depth of pump setting ....24'....

In situations where repumping from a storage tank is necessary, a booster pump must be sized as below.

ii. **Booster Pump**

a. Pump rate .... gpm

b. Required pump head

	WELL	SPRING
System Elev. Diff.	.... ft.	.... ft.
Headlosses	.... ft.	.... ft.
Residual (30 psi)	.... ft.	.... ft.
TOTAL	.... ft.	.... ft.
Available Pressure Head	.... ft.	.... ft.

For springs, if the available pressure head exceeds the required pump head, then no pump will be required.

c. Select pump from catalog fo[redacted]... ....head and well pump rate of .....[redacted]. gpm.

d. Selected Pump: (attach pump curve and specifications)

Type ..... , Manufacturer..... ..., Model No..

RPM ..... , Horsepower.....

Pump rate ..... gpm, at a head of ..... ft., giving ..... % efficiency (if available).

E. Pumphouse (Appendix 5).

a Pumphouse will conform to Appendix 5, figure .....

b. If Appendix 5 does not apply, sketch pumphouse layout and attach. Attached yes no

c. Required Pumphouse Components (Appendix 5)

	Satisfactory	Unsatisfactory
Insulation	✓	
Heating	N/A	
*Wiring	N/A	
Well Casing	✓	
Sanitary Well Seal	✓	
Pressure Gauge	✓	
Casing Vent	✓	

	Satisfactory	Unsatisfactory
Floor Drain	✓	
Pump Mounting	SUB.	
Flooring	✓	
Security	✓	
Chlorine Injection Point	N/A	
Inspection Port	N/A	
Raw Water Sampling Tap	✓	

@ WELLHEAD

*Approval by building inspector.

d. Optional items included in pumphouse:

	Included	Satisfactory	Unsatisfactory
Pressure Tank	✓	✓	
Pump to Waste			
System Alarms			
Sampling Tap	✓	✓	

NOTE 1

	Included	Satisfactory	Unsatisfactory
110 outlet wired with pump			
M/O Equipment			
Meter			
Airlines			

A definition of satisfactory and unsatisfactory for all pumphouse components is included in Appendix 5.

NOTE 1: NOT ASME APPROVED (TANK IS EXISTING)

Section 3. Water Quality Data

a. Water Chemistry: ..... (Satisfactory) ..... Unsatisfactory
Attach copies of analysis reports

b. Bacteriological: (Satisfactory) Unsatisfactory
Attach copies of analysis reports

Additional analysis may be required at the discretion of the local health agency.

Water quality requirements are discussed in detail on page 3. ("Class 4 Water System Design—Requirements, Procedures and Examples")

Section 4. Storage

a. Required Peak Flow .....20.....gpm = X Section 2(C) page 2

b. Pump Rate 18.4 gpm = Y (from Sec. 2 (D), (i), page 3) (@ 30 psi)
If the pump rate is greater than the required peak flow, no storage is needed.

c. If the pump rate is less than the required peak flow, the needed storage is:

*20 (X — Y)

20 min. (Required Peak Flow — Pump Rate)

20 min. (20 — 18.4)

20 (1.6) = 32 gallons

Section 5. Pressure Tank Sizing

a. Pressure tank will be ASME....., equivalent..... (Attach specifications) NO. TANK IS EXISTIN

b. ASME approved relief valve is installed. Yes.....✓..... No.....

c. Pressure tank is for: Pump protection....., storage....., both.....✓.....

d. Working storage:

(A) Pump rate .....gpm. *2.5 x pump rate = ...gallons

(B) Storage requirement (from Section 4) = ...gallons

When tank is for pump protection, use A above and refer to Table 2, Page 7.

When tank is for storage or both, use larger of A or B above and refer to Table 2, Page 7.

e. Pressure tank is ..... horizontal ..... (vertical)

f. Selected tank size ..... 85 GAL

g. **Selected Pressure Range. ...../.....

h. Is air make-up by ..... (snifter valve) ..... compressor, ... other (specify)

i.

Storage Type	Capacity (gallons) New	Capacity (gallons) Old	Repumped	Gravity		Sketch configuration below. Show materials, dimensions, plumbing.
Elevated Tank Ground Level Pressure Tank Other (define)	85					SEE ATTACHED MFGR DWG & PHOTOS.

*"Design Standards for Public Water Supplies"

**Minimum Pressure Tank Setting = System elev. diff. + Friction loss + 70'

Section 6. Distribution System Sizing and Headloss

Use the following table to figure headlosses using Table 3, page 8
(Refer to layout sketch, page 10, for pipe information.)

HYDRAULIC ANALYSIS

To Connection	Link	Pipe Information material	diameter	length	No. of Services (Sec. 1 page 1)	Peak Flow (Table 1 page 7)	Headloss for 100 ft. (Table 3 page 8)	Headloss (ft.)
1	a	POLY	1¼"	250'	1	20	ESTO 8'/100'	20
	b							
	c							
	d							
	e							
							Total	_____
2	a							
	b							
	c							
	d							
	e							
							Total	_____
3	a							
	b							
	c							
	d							
	e							
							Total	_____
4	a							
	b							
	c							
	d							
	e							
							Total	_____
5	a							
	b							
	c							
	d							
	e							
							Total	_____

(Return to page 3, section 2D to complete calculations.) If necessary, attach additional sheet.

Select the single largest total headloss of pipes to a connection and use in Section 2D, page 3 for pump sizing.

In the case of a system on level terrain (no longer than 40 feet elevation difference) designed for domestic use only, the maximum length of pipe run as shown in Table 4, page 8 may be followed without justification by a hydraulic analysis.

"As-Built" Plans showing layout and distribution sizing must be submitted upon completion of construction.

EXHIBIT "A"

The North half of the Southwest quarter of the Northeast quarter; EXCEPT the West 9 acres thereof;

ALSO, that portion of the Northwest quarter of the Northeast quarter, described as follows:

Beginning at the Southeast corner of said Northwest quarter of the Northeast quarter ~~of the Northeast quarter~~; thence North along the East line thereof, 198 feet; thence West to the Northerly extension of the East line of the West 9 acres of the North half of the Southwest quarter of the Northeast quarter; thence South along said Northerly extension, 198 feet to the South line of said Northwest quarter of the Northeast quarter; thence East along said South line, to the point of beginning;

ALSO, that portion of Government Lots 1 and 2, described as follows:

Beginning at the Southwest corner of said Lot 1; thence North along the West line thereof, 198 feet; thence East 610 feet; thence South 396 feet; thence West 810 feet to the West line of said Lot 2; thence North along the West line of said Lot 2 a distance of 198 feet to the point of beginning.

All situate in Section 29, Township 26 North, Range 2 West, W.M., EXCEPT THAT portion conveyed to Jefferson County for County Road known as Dosewallips Road.

AND:

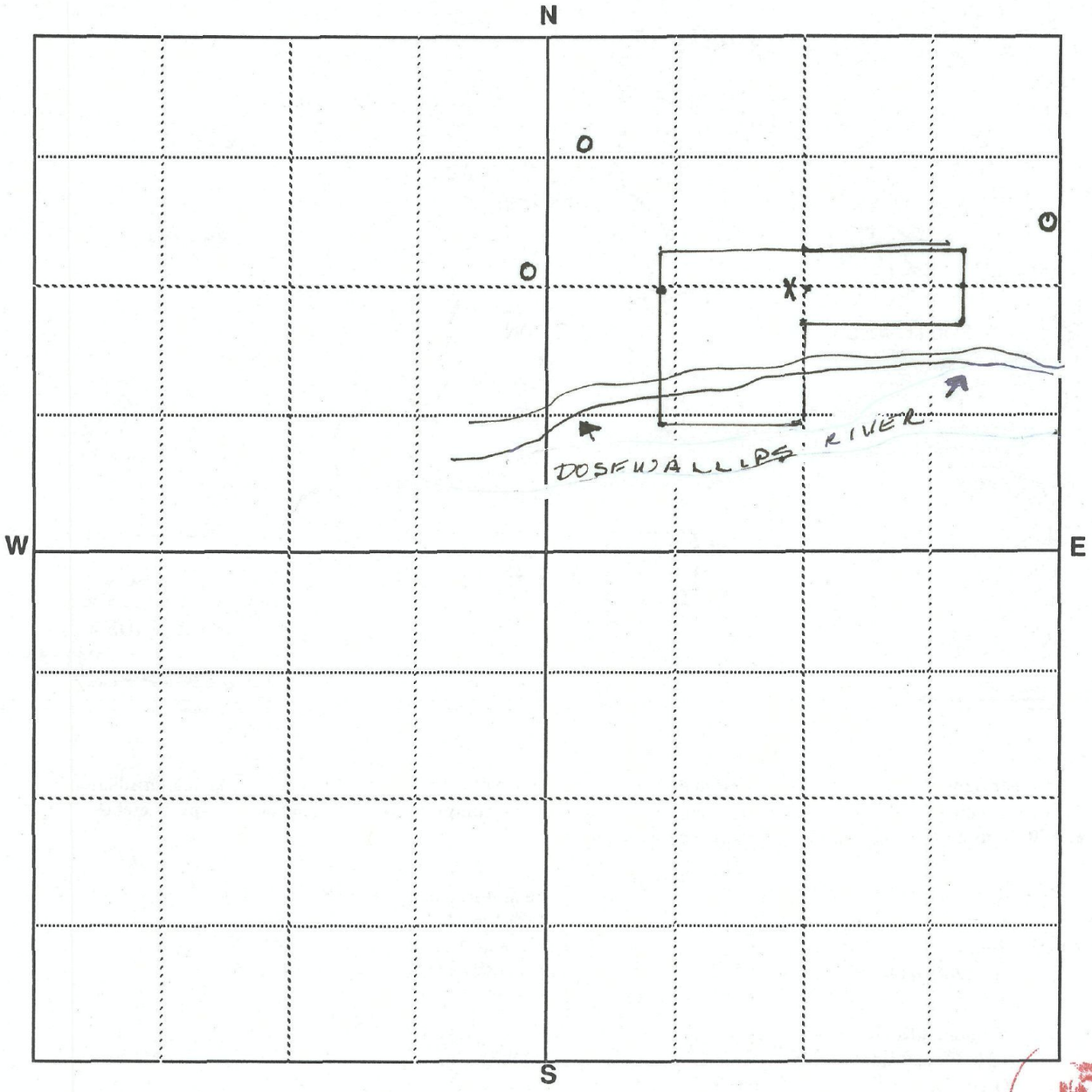
That portion of the W 1/2 NE 1/4, Section 29, T. 26N, R. 2 W., Will. Mer. Described as follows:

Commencing at the NE corner of said Section 29; whence the East 1/4 corner of said Section 29 bears S 01°47'58" W a distance of 2630.69 feet; thence S 01°47'58" W along the East section line of said Section 29 1315.34 feet to the SE corner of the NE 1/4 NE 1/4 of said Section 29; thence N 88°26'22" W along the South line of said NE 1/4 NE 1/4 1530.97 feet; thence N 01°40'47" E along the West line of said NE 1/4 NE 1/4 198.00 feet; thence N 88°26'22" W along the North line of the South 198 feet of the East 800 feet of NW 1/4 NE 1/4 of said Section 29 718.38 feet to the true point of beginning; thence S 1°44'08" W along the East line of the East 4 acres of the West 9 acres of the N 1/2 SW 1/4 NE 1/4 of said Section 29, as extended, 855.11 feet to the South line of the N 1/2 S W 1/4 NE 1/4 of said Section 29; thence N 88°21'58" W along said South line 85.41 feet to a point where the Southerly extension of a barbed wire fence would intersect with said South line; thence N 3°03'18" E along said extension and along said fence and along the Northerly extension of said fence 855.29 feet to a point of intersection with the North line of the South 198 feet of the East 800 feet of the NW 1/4 NE 1/4 of said Section 29; thence S 88°26'22" E along said North line 65.71 feet to the true point of beginning, containing 1.4833 acres more or less. (See Vol. 15 of Surveys Page 59, records of Jefferson County, Washington).

Situate in Jefferson County, Washington.

SECTION MAP

Sec. (NE¼) S29 Twp. 26 N N. R. 2W



Scale: 1 inch = 800 feet (each small square = 10 acres)

Show by a cross (X) the location of point of diversion (surface water source) or point of withdrawal (ground water source). For ground water applications, show by a circle (O) the locations of other wells or works within a quarter of a mile.

Indicate traveling directions from nearest town in space below.

WEST OFF HIGHWAY 101 ON DOSEWALLIPS RIVER RD
IN BRINNON, WA. 3.4 MILES

Detach here

Fold along scale

FEET 0 400 800 1,200 1,600 2,000 2,400 2,800 3,200 3,600 4,000 4,400 4,800 5,200

Detach this scale at the performation, fold excess paper under or cut off excess by cutting along the scale line. This scale corresponds to the SECTION MAP above. You can read feet directly from this scale to outline property and locate points of diversion or withdrawal on the SECTION MAP. Enclose this map along with the application and $10.00 examination fee.

ECY 040-1-14
Rev. 8/91 F

Your water right application will be processed by the Regional Office of the Department of Ecology having jurisdiction in the area in which your water works are located. **Please submit your completed application form, maps, sketches, and $10.00 examination fee to the appropriate Regional Office.**

Northwest Regional Office
3190 - 160th Avenue S.E.
Bellevue, WA 98008-5452
Tel. (206) 649-7000

Central Regional Office
3601 West Washington
Yakima, Washington 98903-1164
Tel. (509) 575-2800

Southwest Regional Office
7272 Cleanwater Lane
Olympia, Washington 98504-6811
Tel. (206) 586-6380

Eastern Regional Office
N. 4601 Monroe, Suite 100
Spokane, Washington 99205-1295
Tel. (509) 456-2926

The appropriate Regional Office will be happy to answer any further questions you may have.

DEPARTMENT OF ECOLOGY
FPSS/BASS/FISCAL OFFICE/CASHIERING SECTION

DATE: 12/05/94

CASHIERING RECEIPT
PAGE: 1 OF 1

RECEIVED FROM: JOY L. BAISCH

AMOUNT: $10.00
DATE: 12/06/94
RECEIPT NO: 95-123697
CHECK/MO NO: 4142

PHONE: (206) 407-7095
P.O. BOX 5128
LACEY, WA 98503-0210

PURPOSE: WATER RIGHT APPLICATION FEE

PERMIT NO:
MANIFEST NO: (For low-level surcharge only.)
CASHIER: GNIE461

NAMES:
1.
2.
3.
4.
5.
6.
7.
8.
9.

FOR ACCOUNTING PURPOSES:
CJ NO: 461C1443

RECEIPT CODING:

INV/CAT CD	ID/APPL NO	TYPE	AMOUNT	TRANS/FUND DISTRIBUTION
		GCA	$10.00	001- -001- - - - - - - - - - - - -02-85-000010

5500