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For Ecology Use Fee Paid 10 Date 3 June 02

State of Washington DEPT OF ECOLOGY 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 Everett Home Tel: () - Mailing Address 3200 Cedar Street Work Tel: (425) 257 - 8800 City Everett State WA Zip+4 98201 FAX: (425) 257 - 8882

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Dan Mathias, Everett Public Works Home Tel: () - Mailing Address 3200 Cedar Street Work Tel: (425) 257 - 8855 City Everett State WA Zip+4 98201 FAX: (425) 257 - 8882 Relationship to applicant

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 2,100 (4.68 cfs) (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 Fish Enhancement 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: 1,270

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, If GROUNDWATER. Includes fields for Name the water source, Number of diversions, Source flows into, and Size & depth of well(s).

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

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).

For Ecology Use Date Received: 6/3/02 Priority Date: 6/3/02 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health # Date Accepted As Complete: 6/3/02 By: DW Date Returned: By: WRIA: 7

Appl. No.: 61-28135

Priority Processing WAC 173.152.050(2)

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (See instructions.)

Enhance salmonid-rearing in North Creek by augmentation of stream-flow during the summer/early fall months with groundwater withdrawn from the Intercity Aquifer.

C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION

(Completed for all domestic/public supply uses.)

A. Number of "connections" requested: _____ Type of connection _____
(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.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION

(Complete for all irrigation and agriculture uses.)

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, as amended by Chapter 237, Laws of 2001)
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 6000 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 _____

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) incomplete	is/are	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 _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

APPLICATION

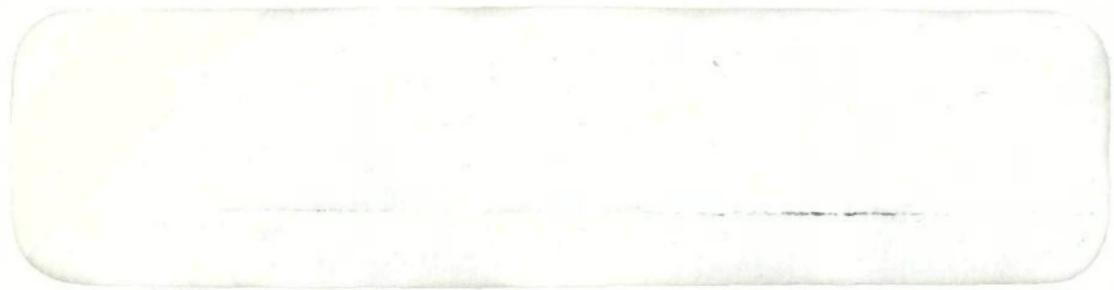


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EVERETT

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