



State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid _____
Date _____

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

Name Rochester Water Association Home Tel: (____) _____ - _____
 Mailing Address P. O. Box 185 Work Tel: (360) 273-9688
 City Rochester State WA Zip+4 98579 085 FAX: (____) _____ - _____

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Terry Weeks/Jerome W. Morrisette Home Tel: (____) _____ - _____
 Mailing Address 1700 Cooper Point Rd. SW B-2 Work Tel: (360) 352-9456
 City Olympia State WA Zip+4 98502 + 1110 FAX: (360) 352-9990
 Relationship to applicant Civil Engineering Firm

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 340 GPM (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 Adequate service to the current service area. **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: 58 Acre-Feet per year

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	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>one</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>8" well - 70 feet deep</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 675' North and 350' West from SE corner of section 3.
 (previous location description of this well was incorrect).

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SE	SE	3	15N	3W	Thurston	18&19		Grand Valley Estates

For Ecology Use Date Received: 4/8/98 Priority Date: 4/8/98
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 9/14/98 By [Signature] Date Returned _____ By _____ WRIA: 23

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Rochester WATER Association
- B. Briefly describe your proposed water system. (See instructions.)
Water is pumped from one 8" diameter well by two pumps @ 66 GPM To a 3000 Gal Redwood reservoir, two 119 gallon pressure tanks, the distribution system is composed of primarily two and four inch PVC.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION.
See attached water system plan.

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

- A. Number of "connections" requested: 283 Type of connection Homes
(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.

Inadequate acre-feet per year on water right.
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? June 27, 1997 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? June 27, 1997 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)
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. From I-5 go west on highway 12; at Rochester turn right (north) at Pecan St.; turn right (east) on 193 rd. St.; turn left North on Rosemary. The well is mid-block on west side of Rosemary.

Section 10. REQUIRED MAP

- A. Attach a map of the project. (See instructions.)
See attached water system plan.

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):

Area serviced by Grand View Water System.

ID # 28967 W

- 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. J. Morger
Applicant (or authorized representative)

6/2/98
Date

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

6/2/98
Date

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).