



10.00 FEE

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED

OCT 29 10:03

For Ecology Use

Fee Paid

Date 11/3/98

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

Name Bayshore, Inc. Home Tel: (360) 426 - 2814
 Mailing Address E 160 Bayshore Drive Work Tel: (360) 701 - 3123
 City Shelton State WA Zip+4 98584 + FAX: (360) 426 - 7904

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name J. Michael Hardin Home Tel: (360) 426 - 2814
 Mailing Address E 140 Bayshore Drive Work Tel: () -
 City Shelton State WA Zip+4 98584 + FAX: (360) 426 - 7904
 Relationship to applicant Owner

Section 3. STATEMENT OF INTENT

Multiple Domestic

The applicant requests a permit to use not more than an additional 260gpm (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 public water supply. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. See attachments A and B.
 Estimate a maximum annual quantity to be used in acre-feet per year: 180 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

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>2 or more</u> well(s).
Number of diversions: _____	<u>SAME TARGET Acquisition JUST higher up</u>
Source flows into (name of body of water):	Size & depth of well(s): <u>8-inch x 260 feet - existing</u> <u>and 8-inch x 360 feet - Planned</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Well 1: (Existing) 2500' east, 1500' north of SW corner of Section 3. Well 2: (Proposed) To be determined within service area as shown on accompanying map (Attachment B).

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NE	SW	3	20N	3W	Mason			
	SW	3	20N	3W	Mason			S

For Ecology Use Date Received: 10/29/98 Priority Date: 10/29/98
 SEPA Exempt/Not Exempt FFRC License # _____ Dept. Of Health # _____
 Date Accepted As Complete: 11/4/99 By: SC Date Returned _____ By _____ WRIA: 14

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Bayshore, Inc. Water System ID#04900D
- B. Briefly describe your proposed water system. (See instructions.)
 The system currently serves the community of Bayshore Estates with 31 connections and is scheduled to serve developing homes over an area of approximately 380 acres to the west. The system has a single well capable of 200 gpm and a 100,000 gallon storage tank on the hillside to the west. Infrastructure for extended service is in design stage.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. Attachment C

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

- A. Number of "connections" requested: 400 Type of connection domestic, 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. Bayshore is the approved water system.

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 Pending
 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.) 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? 100,000 gallon YES NO
cement tank

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 Shelton, proceed north on SR3 approximately 3.5 miles. The Bayshore Estates' existing well is on the east side of the road immediately ~~after~~ before crossing Johns Creek. The service area lies both to the east and west of SR3 along Johns Creek. Turn right on Bayshore Drive to get to system office.

Section 10. REQUIRED MAP

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

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):

Public water supply to newly developed land
within the 20-year service area projection of Bayshore
Water System.

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.

[Signature]
Applicant (or authorized representative)

October 27, 1998
Date

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

Date



