



State of Washington Application for a Water Right

RECEIVED

For Ecology Use
Fee Paid _____
Date _____

Please follow the attached instructions to avoid unnecessary delays.

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

Name CITY OF CENTRALIA WATER UTILITY Home Tel: (360) 330 - 7512
 Mailing Address 1401 WEST MELLEN STREET Work Tel: (_____) _____ - _____
 City CENTRALIA State WA Zip+4 98531 + _____ FAX: (360) 330 - 7516

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name LEE FIRST Home Tel: (_____) _____ - _____
 Mailing Address 1401 WEST MELLEN STREET Work Tel: (360) 330 - 7512
 City CENTRALIA State WA Zip+4 98531 + _____ FAX: (360) 330 - 7525
 Relationship to applicant PROJECT MANAGER

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 4000 (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 AQUIFER CONTAMINATION CLEAN-UP AND 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. THE AREA SERVED BY THE CITY OF CENTRALIA WATER SYSTEM.
 Estimate a maximum annual quantity to be used in acre-foot per year: 6440

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>TWO</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>1st WELL: 20 INCH DIAMETER TO 100 FEET. 2nd WELL: UNDETERMINED</u>

LOCATION

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

1/4 of 1/2	1/4 of NE 1/4	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
S 1/2	SE 1/4	1	14N	3W	LEWIS CO			
S 1/2	SE 1/4	36	15N	3W	LEWIS CO			
W 1/2	NW 1/4	6	14N	2W	LEWIS CO			

For Ecology Use Date Received: 3-15-00 Priority Date: 3-15-00
 SEPA: Exempt/Not Exempt Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 3/29/00 By SL Date Returned _____ By _____ WRIA: 23

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: CITY OF CENTRALIA WATER UTILITY
- B. Briefly describe your proposed water system. (**See instructions.**)
THE WELLS WILL BE USED IN CONJUNCTION WITH THE CITY'S EXISTING ESHOM WELL TO EXTRACT PCE CONTAMINATION FROM THE AQUIFER AND DELIVER THE WATER TO A TREATMENT FACILITY FOR CONTAMINANT REMOVAL. FOLLOWING TREATMENT TO DRINKING WATER STANDARDS, THE WATER WILL BE USED AS A SOURCE OF SUPPLY FOR THE MUNICIPAL WATER SYSTEM.
- 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.* CITY OF CENTRALIA IS THE LOCAL 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? IT HAS ALREADY BEEN PROVIDED TO YOU YES NO
If yes, when was it approved? OCTOBER 1998 Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? IT IS PART OF OUR WATER COMP PLAN YES NO
If yes, when was it approved? OCTOBER 1998 Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Completed 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.

EXIT I-5 AT EXIT 81. TURN NORTH ON HARRISON AVE. GO ABOUT 1/2 MILE, THEN TURN EAST ON GALVIN ROAD. TURN LEFT INTO PORT OF CENTRALIA PARKING LOT. WAIT HERE TO MEET CITY STAFF. SEE ATTACHMENT.

Section 10. REQUIRED MAP

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

SEE ATTACHMENT

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):

AFTER TREATMENT AND TESTING, THE WATER WILL BE USED FOR PUBLIC WATER SUPPLY.

B. Does the applicant own the land on which the water source is located? YES NO

If no, submit a copy of agreement: THE CITY IS IN THE PROCESS OF PURCHASING LOT 24 (SEE MAP) FROM THE PORT OF CENTRALIA. AN AGREEMENT WILL BE PROVIDED AS SOON AS IT IS AVAILABLE.

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.

Thomas Reber City Manager
Applicant (or authorized representative)

2/7/00
Date

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

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 _____

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).