

State of Washington Application for a Water Right

RECEIVED
DEPT. OF ECOLOGY/ENR

For Ecology Use
Fee Paid _____
Date _____

Please follow the attached instructions to avoid unnecessary delays. 54

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

Name City of Lacey Home Tel: () _____ - _____
 Mailing Address P.O. Box 3400 Work Tel: (360) 438-2649
 City Lacey State WA Zip+4 98504 FAX: (360) 456-7799

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Dennis Ritter Home Tel: () _____ - _____
 Mailing Address P.O. Box 3400 Work Tel: (360) 438-2649
 City Lacey State WA Zip+4 98504 FAX: (360) 456-7799
 Relationship to applicant Public Works Director

and

Name Charles B. Roe, Jr., Perkins Coie LLP Home Tel: () _____ - _____
 Mailing Address 111 Market Street NE, Suite 200 Work Tel: (360) 956-3300
 City Olympia State WA Zip+4 98501 FAX: (360) 956-1208

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 800 (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 Municipal Supply. A "LEGAL" DESCRIPTION OF THE PLACE OF USE IS SET FORTH ON APPENDIX A ATTACHED. (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: 1,066

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 Related to reservation of groundwater set forth in WAC 173-191-070 (Hawks Prairie source area).

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>1</u> well, sometimes known as Lacey Well No. 30 (or Meridian Campus Well).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): Proposed well will be 16" diameter and approximately 550 feet below ground surface.

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Approximately 1,050 – 1,150 feet south, and 1,500 feet – 1,900 feet east of the NW corner of section 1 (not surveyed).

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NE	NW	1	18N	1W	Thurston			

For Ecology Use Date Received: 5-3-05 Priority Date: 5-3-05
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 5/11/05 By 80 Date Returned _____ By _____ WRIA: 13

Appl. No.: 62-30250

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: City of Lacey Municipal Water Supply System

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

The Lacey Water Department is now in the process of expanding its municipal water system which currently serves approximately 60,000 residents, and is anticipated to serve 135,000 residents plus commercial at full build out of Lacey's urban growth area. The system consists of water withdrawal, conveyance, and treatment elements.

C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION. SEE APPENDIX B – all listed therein are valid municipal use water rights owned by the applicant.

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

A. Number of "connections" requested: approximately 2,041 Type of connection: Municipal water customers, e.g., homes, apartment, recreational, etc.

B. Are you within the area of an approved water system? N/A 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. Comment: Applicant operates the 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
If yes, when was it approved? 09/03/03 Please attach the current approved version of your plan.
See comment on last page hereof.

D. Do you have an approved conservation plan? YES NO
If yes, when was it approved? 09/03/03 Please attach the current approved version of your plan.
See comment on last page hereof.

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 _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? YES NO Other structures, i.e., seven above-ground storage tanks.

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 point of withdrawal project site.

From Ecology Headquarters on Desmond Drive, drive east on Martin Way. Turn left onto Meridian Road. Turn left on 31st Ave NE, and turn right onto Willamette Drive. The future park location is north of 31st Ave NE on the east side of the road.

Section 10. REQUIRED MAP

A. A map of the project, i.e., place of withdrawal and associated documents, is attached and marked Appendix C. (See instructions.)

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):

The City of Lacey operates a municipal water system related to a water service area that has been approved by the WA Department of Health. That service area is consistent with the North Thurston County Coordinated Water System Plan.

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.

Virgil Clarkson
Virgil Clarkson, Mayor
Applicant (or authorized representative)

May 2, 2005
Date

N/A
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.

Comment relating to Sections C and D: The current water system plan, including approved conservation plan, is presently on file with the Department. See Application of City of Lacey filed with the Department of Ecology on April 28, 2005. Please refer to that plan which is set forth in "disc" form.

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).