



RECEIVED
JAN 22 2007

State of Washington Washington State Department of Ecology
Application for a Water Right

For Ecology Use
Fee Paid _____
Date _____

Please follow the attached instructions to avoid unnecessary delays.

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

Name Washington Water Service Co. Home Tel:(_____)____ - _____
Mailing Address P.O. Box 336 Work Tel:(253) 851 - 4060
City Gig Harbor State WA Zip+4 98335 + _____ FAX:(253) 857 - 4001

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION
 Same as above

Name Kevin O'Neil; Washington Water Service Co. Home Tel:(_____)____ - _____
Mailing Address 6800 Meridian Road SE Work Tel:(360) 491 - 3760
City Olympia State WA Zip+4 98513 + _____ FAX:(360) 459 - 3259
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 100 (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 Continuous Community Domestic Supply - Municipal Water Supplier

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: 0

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</u> well(s).			
Number of diversions: _____								
Source flows into (name of body of water):					Size & depth of well(s): <u>8"x302' & 6"x259'</u>			
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>670-feet South & 1,130-feet West from the North Quarter Corner of Section 10, T21N, R01E, W.M.</u> <u>710-feet South & 1,130-feet West from the North Quarter Corner of Section 10, T21N, R01E, W.M.</u>								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE</u>	<u>NW</u>	<u>10</u>	<u>21 North</u>	<u>01 East</u>	<u>Pierce</u>			
For Ecology Use _____ Date Received: <u>1/22/07</u> Priority Date: <u>1/22/07</u> SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____ Date Accepted As Complete <u>2/7/07</u> By <u>SC</u> Date Returned _____ By _____ WRIA: <u>15</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Raft Island, WSDOH ID# 70706 N
- B. Briefly describe your proposed water system. **(See instructions.)**
 Raft Island Water System is an existing potable water system with the following source of supply facilities:
 2-Wells
 3-Stoage Tanks
 1-Booster Station
 Distribution 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: N/A per MWL Type of connection N/A per MWL
 (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? Feb. 06, 2002 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? Nov. 09, 2004 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 _____



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.

See Attached Vicinity Map

Section 10. REQUIRED MAP

A. Attach a map of the project. (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):

Water Purveyor

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.

Michael P. Le... president
Applicant (or authorized representative)

01/01/07
Date

Michael P. Le... pres, J.A.
Landowner for place of use (if same as applicant, write "same")

01/11/07
Date

