



For Ecology Use

Fee Paid _____

Date _____

State of Washington Application for a Water Right

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Please follow the attached instructions to avoid unnecessary delays.

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

Name South Sound Utility Company, Inc. Home Tel: (____) ____ - _____

Mailing Address 6800 Meridian Road SE Work Tel: (360) 491 - 3760

City Olympia State WA Zip+4 98513 + _____ FAX: (360) 459 - 3259

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Gerald F. Petersen Home Tel: (____) ____ - _____

Mailing Address 6800 Meridian Road SE Work Tel: (360) 491 - 3760

City Olympia State WA Zip+4 98513 + _____ FAX: (360) 491 - 3760

Relationship to applicant Same

Section 3. STATEMENT OF INTENT

multiple domestic

The applicant requests a permit to use not more than a combined total of 50 (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 continous Community Domestic Supply. 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: 8

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: _____	Size & depth of well(s): Each <u>6" x 60'</u> existing
Source flows into (name of body of water):	

LOCATION

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

- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION.
 See also Note #1 on Page 4 of this application and attached Exhibits E1 through E2.

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

- A. Number of "connections" requested: 15 Total Type of connection Equivalent Residential Units (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.*

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? 01/30/96 Please attach the current approved version of your plan.
 See Southwest Regional Office of DOH
- D. Do you have an approved conservation plan? YES NO
 If yes, when was it approved? 01/30/96 Please attach the current approved version of your plan.
 See Southwest Regional Office of DOH

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: none
- B. List total number of acres for other specified agricultural uses: N/A
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: N/A
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977) N/A
 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: N/A
 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.

Interstate 5 south from City of Olympia to Exit 88 then east on Old Highway 99 (Grand Mound Tenino Highway) approximately 3/4 mile to and turning north on Loganberry St. SW. to a gravel drive (189th LN SW) on west side of Loganberry approximately 1200' from Old Highway 99. The wells are north and south of the end of the gravel drive. See also the Vicinity Map attached as Exhibit "B".

Section 10. REQUIRED MAP

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

See attached Exhibit "D"

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:

See attached Exhibit C1 and C2.

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.

For South Sound Utility Co., Inc.

X John Robinson
Applicant (or) authorized representative

X JUNE 17, 1997
Date

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 98503-0210
_____ 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).