



State of Washington Application for a Water Right

For Ecology Use
Fee Paid
Date 8/30/00

RECEIVED

Please follow the attached instructions to avoid unnecessary delays. 30 MIN

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

Name City of Gig Harbor Home Tel: (____) _____ - _____
 Mailing Address 3105 Judson Street Work Tel: (253) 851 - 8145
 City Gig Harbor State WA Zip+4 98335 + 5136 FAX: (253) 853 - 7597

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name David Skinner Home Tel: (____) _____ - _____
 Mailing Address 3105 Judson Street Work Tel: (253) 851 - 8145
 City Gig Harbor State WA Zip+4 98335 + 5136 FAX: (253) 853 - 7597
 Relationship to applicant Public Works Director

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1,000 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 domestic/public 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-foot per year: 1,000 acre-feet per year

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>one</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): 16" casing: Well depth to be 100' or greater

LOCATION

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

Approximately 2025 feet north and 2200 feet west of the southeast corner of section 30

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NW	SE	30	22N	2E	Pierce			

For Ecology Use Date Received: 8-30-00 Priority Date: 8-30-00
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 9/19/00 By SC Date Returned _____ By _____ WRIA: 15

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: City of Gig Harbor

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

The proposed well will supplement the City of Gig Harbor's existing water system, which includes four active wells, five storage tanks, and approximately 1,400 service connections. The proposed well will be equipped with a pump capable of producing 1,000 gpm. A New reservoir will likely be built near the proposed well.

Well construction reports for the City's existing wells are attached to this Application.

C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION.
SEE PAGE 4 OF THIS APPLICATION

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

A. Number of "connections" requested: _____ Type of connection See page 4 of this application
(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. The proposed well will supplement the City of Gig Harbor's existing 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
If yes, when was it approved? 1994 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? 1994 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.

From State Route 16 Northbound, take the Burhnam Drive/Swede Hill interchange. Proceed East on East-West Road for three-quarters of a mile. Then North one-quarter of a mile to the proposed well site.

Section 10. REQUIRED MAP

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

A map is attached.

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 water system is a public utility that serves residents and businesses within its water service area.

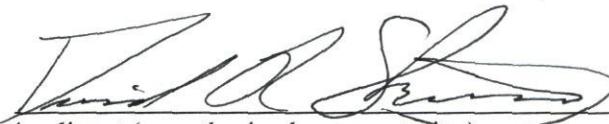
B. Does the applicant own the land on which the water source is located?

YES NO

If no, submit a copy of agreement:

The well facility will be turned over to the City as specified in the attached Preannexation Agreement for Gig Harbor North.

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.


Applicant (or authorized representative)

8/28/00
Date

SAME
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.

Section 3. The place of use will be the area served by the City of Gig Harbor, as described in the City's Water System Comprehensive Plan.

Section 5(c). The City has existing water rights for its well's No. 1,2,3,4,5 and 6. These Water rights have DOE Certificate Nos. as follows:

- 590-C
- G2-00552
- G2-25078C
- G2-27393
- G2-27794
- G2-28102

Section 6(a). The City's water system will serve an estimated 2,400 mixed residential and commercial connections in the year 2020

(c). The City's Water System Comprehensive Plan is currently being updated. The front page of the 1994 plan is attached to this application.

(d). The City's Conservation plan is included in the Water System Comprehensive Plan.

Section II (b). The City will secure a 100' radius sanitary control restrictive covenant around the proposed well.

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).