

Appendix B

WATER RIGHT PERMIT APPLICATION



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FEE PAID

For Ecology Use

State of Washington RECEIVED
Application for a Water Right AUG 28 1995

Fee Paid

Date 8.30.95

Please follow the attached instructions to avoid unnecessary delays.
DEPT. OF ECOLOGY

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

Name City of Gold Bar Home Tel: ()
Mailing Address 416 Orchard Ave. P.O. Box 107 Work Tel: (360) 793-1101
City Gold Bar State WA Zip+4 98251 + FAX: (360) 793-2282

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Chuck Newberg Home Tel: (360) 568-1037
Mailing Address 416 Orchard Ave. P.O. Box 107 Work Tel: (360) 793-1101
City Gold Bar State WA Zip+4 98251 + FAX: (360) 793-2282
Relationship to applicant City Superintendent

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 340 336 Acre-Feet (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 - 1 well found as needed 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: 336 Acre-Feet

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>1</u> well(s).
Number of diversions:	
Source flows into (name of body of water):	Size & depth of well(s): <u>12" Casing</u> <u>800+ Feet</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1200 Feet North and 1200 Feet east of SW corner of Section 5

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SW 1/4	SW 1/4	5	27N	9E	Snohomish			

For Ecology Use Date Received: 8.28.95 Priority Date: 8.30.95
SERA Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 8.28.95 By SB Date Returned _____ By _____ WRIA: 7

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JUN 28 1993
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Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: City of Gold Bar
- B. Briefly describe your proposed water system. (See instructions.)
Area served by the City of Gold Bar Municipal Water System within Sections 25,26,27,34,35,36, Township 28 North, Range 8 East; Sections 1,2,3, Township 27 North, Range 8 East; Sections 30,31,32, Township 28, Range 9 East; Sections 2-11, 14-17, Township 27 North, Range 9 East, W.M. and any service area as identified in the current water system plan including emergency intertie with Snohomish PUD and future updates to the water system plan. This water rights (new well) will be constructed in the same basic fashion as well #4. See attached documentation.
- 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: 1,196 Type of connection Residential
(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 Gold Bar approval 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? June 1993 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? June 1993 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)
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 _____

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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.

North on 405 to 522, 522 to SR2, SR2 east to City of Gold Bar, project location is behind address 40507 SR2.

Map Attached

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):

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.

Bertha Gilmore
Applicant (or authorized representative)
Bertha Gilmore, Mayor

Aug 23-95
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):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
<input type="checkbox"/> 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 Newnan at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

APPLICATION