

# Application for Underground Artificial Storage and Recovery Reservoir Permit

Form No. ECY 070-634 (Rev 3-2023)

- Schedule a pre-application meeting before you apply.
- Refer to accompanying guidance to complete this form.
- Incomplete applications will be returned.
- All fees are non-refundable (RCW 90.03.470(13)).

## Choose a processing option:

- Standard Processing (Department of Ecology).** A minimum \$50 fee is required to apply. Additional fees may apply.
- Cost Reimbursement Processing (Ecology approved contractor).** Contact Department of Ecology to obtain information on this option.

### Submit all applications and fees to:

DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 47611  
OLYMPIA, WA 98504-7611

Check the region/office where your project is located.

- Central Region
- Eastern Region
- Northwest Region
- Office of Columbia River (OCR)\*
- Southwest Region



\* OCR has jurisdiction for designated OCR projects, and new projects located within one mile of the Columbia River.

To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.



# WATER RESOURCES PROGRAM

For Ecology Use  
(Date Stamp)

## Application for Underground Artificial Storage and Recovery Reservoir Permit (Chapter 173-157 WAC)

Date of pre-application consultation with Ecology:

Name of Ecology contact for pre-application:

\_\_\_\_\_

**Required submittals:**

- A \$50 filing fee. For cost reimbursement applications, refer to instructions.
- A map showing the proposed reservoir, any associated points of diversion/withdrawal and any associated place(s) of use.
- A copy of the legal description of property where the reservoir is located (taken from a real estate contract, property deed, or title insurance policy).
- Refer to Section 7 for additional required submittals.**

### 1. Applicant Information

Applicant/business name:	Phone no:	Other no:
Address:		
City:	State:	Zip:
Email address (if available):		

Contact name (if different from above):	Phone no:	Other no:
Relationship to applicant:		
Address:		
City:	State:	Zip:
Email address (if available):		

### 2. Source and Use

Name of proposed aquifer storage and recovery (ASR) project:	
Water Resource Inventory Area (WRIA):	<a href="#">WRIA map look-up</a>
Source water right numbers:	Source of water for project:

Beneficial use(s) of ASR project water when recovered:
Does project require a secondary permit? If yes, have you submitted an application for a secondary permit?
Will the project discharge recovered water to surface water? If yes, is an NPDES permit required (WAC 173-157-050)?

### 3. Storage Aquifer Characteristics

Provide a map displaying the extent of the storage aquifer and the location of regulated streams.

Proposed storage aquifer:	Number of acre-feet to be stored:
Months of the year that aquifer storage will occur:	Months of the year that recovery will occur:
Briefly describe any water treatment prior to storage recovery (use attachment if necessary):	

### 4. Location of Injection Well(s) or Recharge Pond(s)

Identify each injection well or recharge pond to the nearest section QTR-QTR or parcel number, if known. In addition, provide a map showing the location(s) relative to cities, major water features, and Water Resource Inventory Area (WRIA) boundaries.

Well(s) located within (QTR-QTR section or parcel no.)	WRIA	Sec	Twp (N)	Rng		Well Tag	LAT	LONG
				<input type="checkbox"/> E	<input type="checkbox"/> W			
Horizontal Datum <input type="checkbox"/> WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27 <input type="checkbox"/> other (describe)								
Type and capacity of injection wells:								

Do you own the property location for the storage method?  
 If no, have you secured permission from the owner(s)?  yes  no

Are your underground injection control wells registered according to WAC 173-157-050(4) and chapter 173-218 WAC?  YES  NO  
 If yes, provide UIC Site ID#:

## 5. Location of Recovery Wells

Accurately identify each proposed recovery well to the nearest QTR/QTR section or parcel number, if known. Provide a map showing the location(s) relative to cities, major water features, and WRIA boundaries, and each point of diversion or withdrawal.

Well(s) located within (QTR-QTR section or parcel no.)	WRIA	Sec	Twp (N)	Rng		Well Tag	LAT	LONG
				<input type="checkbox"/> E	<input type="checkbox"/> W			

Horizontal datum  WGS84  NAD83  NAD27  Other (describe)

Do you own the property location(s) for the recovery wells?  yes  no  
 If no, have you secured permission from the owner(s)?  yes  no

## 6. Place of Use for Recovered Water

Legal description from deed (tax statement descriptions are not acceptable):

Do you own this property?  
 yes  no  
 If no, owner name:  
 Owner address:

Number of acres to be irrigated, if used for irrigation:

## 7. Maps and Other Documentation

The following table outlines the minimum supporting documentation required with your application. Where a response requires attached documentation, please identify the section number that applies to the document

Section	Required information	Reference(s)
7.1	<p>A map showing:</p> <ul style="list-style-type: none"> <li>• The proposed aquifer storage reservoir project</li> <li>• Source diversion and/or withdrawal locations</li> <li>• Any associated points of diversion or withdrawal</li> <li>• Any associated place(s) of use</li> <li>• Estimated area where water will be stored within the storage aquifer</li> <li>• Well monitoring network locations</li> <li>• Nearby hazards</li> </ul>	WAC 173-157-120 through 170
7.2	If platted property, a complete copy of the plat map.	
7.3	A conceptual model of the hydrogeological setting, prepared by a hydrogeologist licensed in the state of Washington.	WAC 173-157-120
7.4	An operational plan of the proposed project, prepared by an engineer or a geologist licensed in the state of Washington.	WAC 173-157-130
7.5	A description of the legal framework of the proposed project.	WAC 173-157-140
7.6	An environmental assessment and analysis for the proposed project. A copy of SEPA Threshold Determination, if applicable.	WAC 173-157-150
7.7	A mitigation plan for the proposed project, if required. The mitigation plan must be reviewed and approved or prepared by an appropriately experienced engineer licensed in the state of Washington.	WAC 173-157-160
7.8	A monitoring plan for the proposed project.	WAC 173-157-170
7.9	Provide a timeline for your development schedule.	

## 8. Signatures

By signing below, the applicant certifies that the information provided on this application is true and accurate to the best of their knowledge. If the applicant was assisted in preparing this application, they understand that they are responsible for the accuracy of the information.

The applicant also understands that, in order to process this application, they are granting staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes.

_____ <b>Applicant Printed Name – Title</b>	_____ <b>Applicant Signature</b>	_____ <b>(Date: MM/DD/YYYY)</b>
_____ <b>Landowner of Proposed Reservoir Printed Name</b>	_____ <b>Landowner of Proposed Reservoir Signature</b>	_____ <b>(Date: MM/DD/YYYY)</b>
_____ <b>Landowner of Proposed Place of Use Printed Name</b>	_____ <b>Landowner of Proposed Place of Use Signature</b>	_____ <b>(Date: MM/DD/YYYY)</b>
_____ <b>Authorized Representative Printed Name</b>	_____ <b>Authorized Representative Signature</b>	_____ <b>(Date: MM/DD/YYYY)</b>

For additional information, contact the Ecology office where your project is located:

Region/ Office	Counties served	Mailing Address	Phone
<b>Central</b>	Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, Yakima	1250 W Alder St Union Gap, WA 98903-0009	509-575-2490
<b>Eastern</b>	Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman	4601 N Monroe Spokane, WA 99205-1265	509-329-3400
<b>Northwest</b>	Island, King, Kitsap, San Juan, Skagit, Snohomish, Whatcom	PO Box 330316 Shoreline, WA 98133-9716	206-594-0000
<b>Office of Columbia River</b>	OCR has jurisdiction for designated OCR projects, and new projects located within one mile of the Columbia River.	1250 W Alder St Union Gap, WA 98903-0009	509-457-7141
<b>Southwest</b>	Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Thurston, Skamania, Wahkiakum	PO Box 47775 Olympia, WA 98504-7775	360-407-6300