

Project Report Form Water Rights Self Assessment

| Permit Certificate or Claim # | Name of rightholder or claimant | Priority Date | Source Name/Number | Primary or supplemental | Existing System Capacity - based on water right limits | | Projects Production/withdrawal with New Project On-line | | Projected System Capacity Status (excess or deficiency of water rights) | |
|--------------------------------|---------------------------------|---------------|--------------------|-------------------------|--|----------------------------|---|----------------------------|---|----------------------------|
| | | | | | Maximum Instantaneous Flow rate (Qi) | Maximum Annual Volume (Qi) | Maximum Instantaneous Flow Rate (Qi) | Maximum Annual Volume (Qa) | Maximum Instantaneous Flow Rate (Qi) | Maximum Annual Volume (Qa) |
| Permits/ Certificates 1. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Claims 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| Total | ***** | ***** | ***** | ***** | | | | | | |

| Intertie Name/Identifier | Name of Purveyor Providing Water | Existing Limits on Intertie Water Use | | Projected Production/Withdrawal with New Project On-line | | Current Intertie Supply Status (Excess/Deficiency) | |
|--------------------------|----------------------------------|---------------------------------------|----------------------------|--|----------------------------|--|----------------------------|
| | | Maximum Instantaneous Flow rate (Qi) | Maximum Annual Volume (Qa) | Maximum Instantaneous Flow rate (Qi) | Maximum Annual Volume (Qa) | Maximum Instantaneous Flow Rate (qi) | Maximum Annual Volume (Qa) |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| TOTAL | | | | | | | |

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388). For additional copies of this form, call 1-800-521-0323. This and other forms are available at <http://www.doh.wa.gov/ehp/dw>

Please return completed form to the Office of Drinking Water regional office checked below.

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