



Table 3

**WATER SYSTEM PLAN**

**WATER RIGHTS SELF ASSESSMENT – 20 YEAR FORECAST**

PERMIT CERTIFICATE OR CLAIM #	NAME ON DOCUMENT	PRIORITY DATE (List oldest first)	SOURCE NAME/ NUMBER	ANY PORTION SUPPLEMENTAL? (If yes, explain in footnote)	EXISTING WATER RIGHTS		FORECASTED WATER USE FROM SOURCES (20-year Demand)		FORECASTED WATER RIGHT 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)
Permits/ Certificates										
1.										
2.										
3.										
4.										
Claims										
1.										
2.										
3.										
4.										
<b>TOTAL</b>	*****	*****	*****	*****						
INTERTIE NAME/ IDENTIFIER		NAME OF PURVEYOR PROVIDING WATER			EXISTING LIMITS ON INTERTIE USE		FORECASTED CONSUMPTION THROUGH INTERTIE		FORECASTED 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.										
<b>TOTAL</b>	*****									
PENDING WATER RIGHT APPLICATION (New/Change)	NAME ON APPLICATION	DATE SUBMITTED	ANY PORTION SUPPLEMENTAL? (If yes, explain in footnote)	PENDING WATER RIGHTS						
				Maximum Instantaneous Flow Rate (Qi) Requested	Maximum Annual Volume (Qa) Requested					
1.										
2.										
3.										
4.										

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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