



Water Resources Program
Application for Permit to Use
Artificially Stored Ground Water
Quincy Basin Groundwater
Management Subarea

For Ecology Use
Date Stamp

Application No.

Before submitting this application, please note the following:

- Applications for Artificially Stored Ground Water will be processed in the order in which they are received and as water becomes available. Chapter 173-134A Washington Administrative Code limits withdrawals of Artificially Stored Groundwater (ASGW) to a total of no more than 177,000 acre-feet each year. Most of the available water has already been appropriated, leaving a small amount of water available for new uses. Given that fact and the number of applications already on file, *it may be quite some time before your application can be acted upon.*
- Once a permit is issued, you will have three years to put your water to beneficial use. Whatever portion of your permit that has not been put to beneficial use within three years is subject to cancellation. Ecology will not issue extensions to the schedule in your permit.
- After receiving a permit, you must enter into a contract with the US Bureau of Reclamation to make use of the artificially stored ground water managed under this program. Permit holders must maintain their contract in good standing or Ecology will initiate cancellation of your permit.

1. Applicant Information:

APPLICANT/BUSINESS NAME	PHONE NO.	OTHER NO.
ADDRESS, CITY, STATE, ZIP CODE		
EMAIL ADDRESS (OPTIONAL):		

CONTACT NAME (IF DIFFERENT FROM APPLICANT)	PHONE NO.	OTHER NO.
RELATIONSHIP TO APPLICANT (RELATIVE, CONSULTANT, ETC.)		
ADDRESS, CITY, STATE, ZIP CODE		
EMAIL ADDRESS (OPTIONAL):		

If there are multiple applicants (i.e. business entity, partnership, etc.) all persons must be listed separately and sign the application.

2. Project Information:

A detailed map of the proposed project **must be attached** or this application will be returned. The map should reflect the following:

- Proposed point(s) of withdrawal/well location(s).
- Outlined area where the water will be beneficially used. The acreage outlined should equal the amount you are requesting in this application.

If the property has been platted, please include a certified copy of the plat map.

3. Proposed Purpose of Use:

List all purposes for which water will be applied to a beneficial use and quantity required for each. Normal irrigation rates are **10 gallons per minute per acre, 3.5 acre-feet per acre per year**.

Purpose(s) of Use	Gallons per Minute (GPM)	Acre-Feet per Year (AF/Y)	Period of Use <i>(Ag irrigation March 1-October 31)</i>
Briefly describe the purpose of your proposed project and type of system proposed:			

4. Proposed Point(s) of Withdrawal/Well*:

Well No.	¼¼	Sec.	Twp.	Rge.	Parcel number	Well tag number	Lat-Long
DO YOU OWN THE LAND ON WHICH THE PROPOSED POINT(S) OF WITHDRAWAL IS LOCATED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME & ADDRESS:							

*Please include copies of all water well reports involved with this proposal. If you know the distances from the nearest section corner to the above location(s), please include that information in Item No. 6 (remarks) or as an attachment.

5. Place of Use:

Legal description* of lands where water is to be used (if attaching a deed with legal description, just note "attached")							
¼	¼	Sec.	Twp.	Rge.	County	Parcel Number(s)	If irrigation, number of acres
			N	E			
Lot	Block	OF (give name of plat or addition)					
DO YOU OWN ALL THE LANDS IN THE PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME & ADDRESS:							

* A legal description of the property on which the water will be used can be taken from a real estate contract, property deed or title insurance policy.

6. Remarks and Other Relevant Information:

ARE THERE ANY ADDITIONAL WATER USE AUTHORIZATIONS (STATE, ASGW, DITCH/CANAL) THAT APPLY TO THIS PROPOSAL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE THE WATER RIGHT/WATER USE AUTHROIZATION NUMBER(S):

7. Signatures:

I certify that the information provided in this application 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. Regardless of who has helped prepare this application, I understand that, as the applicant, I have full responsibility for the accuracy of the information provided.

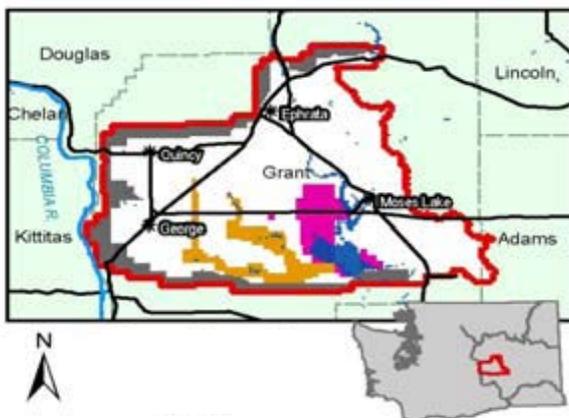
Print Name	Signature	Date
<input type="checkbox"/> Applicant or Authorized Representative		
<input type="checkbox"/> Legal Owner or Part Owner Proposed Place of Use		
<input type="checkbox"/> Legal Owner or Part Owner Proposed Point of Withdrawal		

Print Name	Signature	Date
<input type="checkbox"/> Applicant or Authorized Representative		
<input type="checkbox"/> Legal Owner or Part Owner Proposed Place of Use		
<input type="checkbox"/> Legal Owner or Part Owner Proposed Point of Withdrawal		

Print Name	Signature	Date
<input type="checkbox"/> Applicant or Authorized Representative		
<input type="checkbox"/> Legal Owner or Part Owner Proposed Place of Use		
<input type="checkbox"/> Legal Owner or Part Owner Proposed Point of Withdrawal		

8. Submit Application:

Below is a map of the State of Washington, which outlines the Quincy Basin Groundwater Management Subarea. If you have questions about your application, contact the Eastern Regional Office, Water Resources Program for which this project is located.



Submit application to:
Department of Ecology, WRP
4601 North Monroe Street
Spokane, Washington 99205

509-329-3400

