



Application for a Water Right Permit

For Ecology Use
(Date Stamp)

Follow the attached instructions. Attach additional sheets as necessary.

- GROUND WATER SURFACE WATER DROUGHT
 PERMANENT SHORT TERM TEMPORARY

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY COMPANY THIS APPLICATION.

Section 1. APPLICANT

I have participated in a pre-application conference with Ecology.

Applicant/Business Name: JERRY D. MALOY	Phone No: ^{HOME} 509-738-2696 575-973-0332	Other No: 575-973-0332 (cell)
Address: 80 MARTIN CREEK DR.		
City: Kettle Falls	State: WA.	Zip: 99141
Email Address (if available): jdmaloy2nd@yahoo.com		

Contact Name (if different from above): DEBBIE MALOY	Phone No: 575-973-0949	Other No:
Relationship to Applicant: WIFE		
Address: 80 MARTIN CREEK DR.		
City: Kettle Falls	State: WA.	Zip: 99141
Email Address (if available): DMALOY@LIVE.COM		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: JERRY MALOY	Phone No: 509-738-2696	Other No: 575-973-0332
Address: 80 MARTIN CREEK DR.		
City: Kettle Falls	State: WA.	Zip: 99141
Email Address (if available): jdmaloy2nd@yahoo.com		

For Ecology Use	APPLICATION NO: <u>S3-30725</u>	SEPA: <input checked="" type="checkbox"/> Exempt / <input type="checkbox"/> Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date <u>10-7-2014</u> By <u>RT</u> WRIA: <u>58</u>
Pre-application interviewer:		

Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? YES NO
 If no, do you have legal authority to make this application for use of another's land? YES NO

Briefly describe the purpose of your proposed project: I WANT TO DRAW WATER OUT OF THE COLUMBIA RIVER, TO WATER MY YARD, FLOWERS, AND SMALL GARDEN.

Anticipated length of time to complete your project: 1 MONTH (AFTER LOW WATER DRAW DOWN)

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input checked="" type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
<u>IRRIGATION</u> WATER YARD	<u>0.02 CFS</u>	<u>0.5</u>	<u>MARCH 1 - OCT 31</u> SEASONAL
WATER FLOWERS			
WATER GARDEN			
DOMESTIC - SINGLE			
TOTAL:	<u>0.02 CFS</u>	<u>0.5</u>	

*No DS per phone conv.
11-3-2014 Jmae*

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? YES NO *per phone conv 11-3-2014 Jmae*

Is this request for a temporary permit? YES NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ___/___/___ TO: ___/___/___

*1/2 acre irrigation -
per phone conv. 10-15-14
AT
Amended to 1.0 acre
per phone conv
11-3-2014
Jmae*

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input checked="" type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: <u>COLUMBIA RIVER</u>	Well diameter & depth: _____
Tributary to: <u>BO MARTIN CREEK</u>	Number of proposed points of withdrawal: _____
Number of proposed diversion points: <u>1</u>	Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
73517500002000	SW	SW	16 17A	35	37	Ferry
Lot(s)	Block(s)		Subdivision			
# 2			MARTIN CREEK			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ Feet (North/ South) and _____ feet (East/ West)

from the (NW SW NE SE _____) corner of Section _____.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

_____ feet (North/ South) and _____ feet (East/ West)

from the (NW SW NE SE _____) corner of Section _____.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

LOT 2; MARTIN CREEK TREE FARMS AFN 180507						
¼	¼	Section	Twp.	Range	County	Parcel No.
		17	35	37	Ferry	# 2

Do you own all the lands on which the proposed place of use is located? YES NO.

If no, do you have legal authority to make this application for use of another's land? YES NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? YES NO

If yes, provide the water right and/or claim numbers: MARTIN CREEK COMMUNITY ASSOCIATION

PROVIDES DRINKING WATER.

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Pump + Distribution

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate 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, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO

Do you have a controlling interest in a Family Farm Development Permit? YES NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? YES NO

Are you proposing to store more than 10 acre-feet of water? YES NO

Will the water depth be 10 feet or more? YES NO

If you answered yes to any of the above questions, please describe: _____

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 complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: MAP-PROVIDED

HWY 395 NORTH TO BARNEYS JUNCTION. GO WEST ON HWY 20
TO INCHELIUM HWY ABOUT 5 MILES TO A LEFT ON MARTIN CREEK.
AT "T" IN THE ROAD, GO LEFT. CONTINUE TO LAST HOME ON RIGHT.

Site Address: 80 MARTIN CREEK DR. KETTLE FALLS WA. 99141

Section 11. REQUIRED 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. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

JERRY MALOY
 Print Name
 (Applicant or authorized representative)

Jerry Maloy
 Signature

9-30-2014
 Date

JERRY MALOY
 Print Name
 (Legal Owner or Part Owner Place of Use)

Jerry Maloy
 Signature

9-30-2014
 Date

DEBBIE MALOY
 Print Name
 (Legal Owner or Part Owner Place of Use)

D. Maloy
 Signature

9-30-2014
 Date

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 -3463 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.