



# Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

15 NOV 23 A 6:43

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION FOR THE FOLLOWING:

- GROUND WATER       SURFACE WATER
- SHORT TERM           TEMPORARY

PERMANENT

NO FEE REQUIRED FOR THE FOLLOWING:

- DROUGHT       COST REIMBURSEMENT

Follow the attached instructions. Attach additional sheets as necessary.



Department of Ecology

NOV 23 2015

Water Resources Program

## Section 1. APPLICANT

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

Applicant/Business Name: Lee N. Huckins	Phone No: 541-386-3830	Other No: 541-490-5395
Address: 2221 Prospect Ave.		
City: Hood River	State: OR	Zip: 97031
Email Address (if available): lhuckins55@gmail.com		

Contact Name (if different from above): SAB	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (if available):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Lee N. Huckins	Phone No: 541-386-3830	Other No: 541-490-5395
Address: 2221 Prospect Ave.		
City: Hood River	State: OR	Zip: 97031
Email Address (if available): lhuckins55@gmail.com		

For Ecology Use	APPLICATION NO: <u>64-33168</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>50<sup>00</sup></u>	Check No: <u>12199</u>
		ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>11-23-2015</u> By <u>[Signature]</u> WRIA: <u>30 KUCKITAT</u>
Pre-application interviewer: <b>COST REIMBURSEMENT</b>		

## 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: irrigation of vineyard

Anticipated length of time to complete your project: recurring seasonal

**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)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
irrigation	12		5.6	Seasonal
<b>TOTAL:</b>	12		5.6	

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)?  YES  NO

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: \_\_\_/\_\_\_/\_\_\_

## 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 type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: <u>6 inch dia, 30 ft. deep</u> Number of proposed points of withdrawal: <u>1</u> Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. <u>95121</u>

COST REIMBURSEMENT

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
031625000003	NW	SW	25	3N	16E	Klicitat
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 \_\_\_\_\_.

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.**

see Attached

¼	¼	Section	Twp.	Range	County	Parcel No.

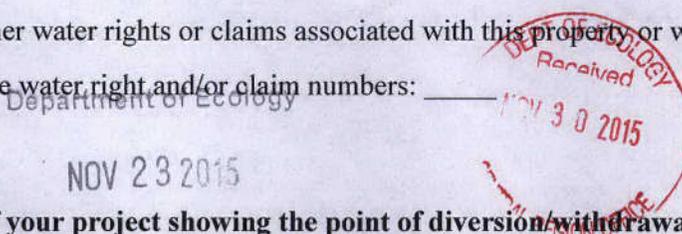
Do you own all the lands on which the proposed place of use is located?  YES  NO.

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: \_\_\_\_\_



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**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): pumping water for drip irrigation

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## 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)
<b>C.) Water System Planning</b>	
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 = 8 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: washing and cleaning farm equipment  
\_\_\_\_\_  
\_\_\_\_\_

**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

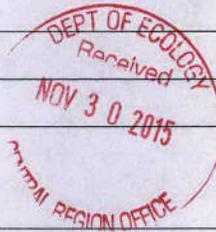
If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
Department of Ecology  
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Water Resources Program  
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: two 5000 gallon tanks

\_\_\_\_\_  
\_\_\_\_\_

*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.*

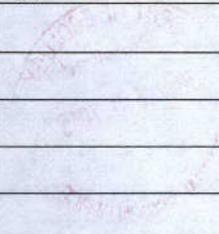
**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: 2.5 miles east of intersection of interstate 97 and state highway 14

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Address: m.p. 104 state highway 14

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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.

Lee Huckins  
 Print Name  
 (Applicant or authorized representative)

Lee Huckins  
 Signature

11/19/15  
 Date

\_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

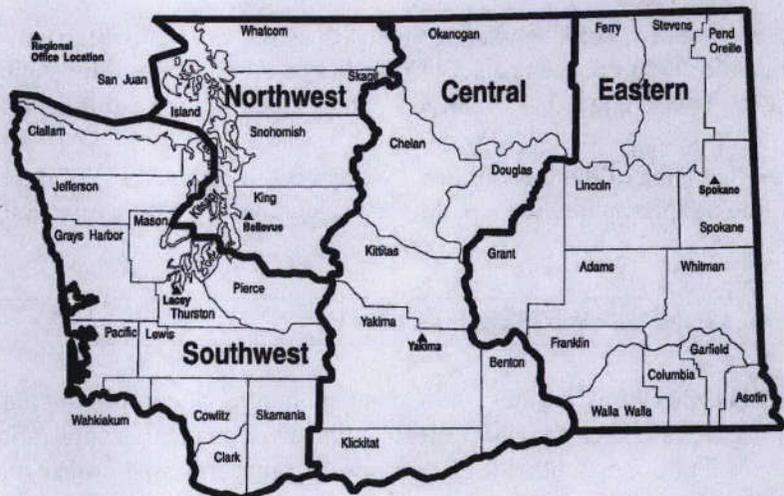
\_\_\_\_\_  
 Date

Department of Ecology  
 NOV 23 2015  
 Water Resources Program

**Please check the region in which the project is located:**

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY                  CASHIERING SECTION                  PO BOX 47611                  OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> 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 have questions about your application, contact the Water Resources program at the regional office in which your project is located.



## INSTRUCTIONS for the Application for a Water Right Permit

Please read these instructions carefully. Be accurate and complete in filling out your application, as the information you provide is very important in processing your application. Be sure to attach your fees, maps, and any additional information related to the water uses you are proposing.

If you need assistance, please contact the regional office in which your project will be located. A map of the Ecology regions is on the back page of the application. If your answers to any questions are longer than the space provided, you may attach additional sheets as necessary.

### Check Boxes

Check the appropriate box for Surface or Ground Water.

Check the appropriate box for Permanent, Temporary, Drought, or Short Term use (duration of 4 months or less).

### Application Fee

- A minimum fee of \$50.00 is required for each new application for a water right permit.
- No fees are required for applications to be processed under a Cost Reimbursement contract.
- No fees are required for Emergency Drought Applications (only when a drought is declared).

If additional fees are required, Ecology will send you a letter requesting those fees. If you are unsure of the appropriate fee amount, contact your regional office for more information, or visit our website:

<[http://www.ecy.wa.gov/programs/wr/rights/wr\\_fees.html](http://www.ecy.wa.gov/programs/wr/rights/wr_fees.html)>.

**Please make checks or money orders payable to the "Department of Ecology." Cash cannot be accepted. ALL FEES ARE NONREFUNDABLE.**

### Section 1. APPLICANT

We encourage you to contact the Ecology Regional Office in your area to request a **pre-application conference** PRIOR to filing your application. Contacts are listed on the previous page. We will review your project needs and assist you in determining options for obtaining the water you need.

Enter the name of the person, organization, or water system for which the water right permit is requested. For instance, if the permit is required for a community water system, enter the name of the system (e.g. Green Acres Water Works). Enter a mailing address, including zip, daytime telephone, an alternate or cell phone number, and an Email address (if you have one).

Provide the name of a contact person (if different from above) to call in case we have questions about the application or proposed project. Describe the relationship of the contact person to the applicant, e.g. "consultant," "water systems engineer," "realtor," "chair of community well organization," etc.

Enter the name of the legal or part owner (person or business) of the land where the water is to be used. Enter a mailing address, including zip, daytime telephone, an alternate or cell phone number, and an Email address (if available).

### Section 2. STATEMENT OF INTENT

Mark the check box if you own the land containing the proposed point of diversion/withdrawal.

Mark the check box if you have legal authority to make this application for use of another's land.

Provide a brief description of the purpose of your proposed project and the anticipated length of time to complete the project.