



# Water Resources Program

## Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

RECEIVED

JUN 11 2010

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

\$ 50<sup>00</sup>  
OK # 1074  
6-11-10  
VRJ

\$50 fee OK-EG  
6-16-2010-

SURFACE WATER     GROUND WATER     PERMANENT

TEMPORARY     SHORT TERM     DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

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

### Section 1. APPLICANT

Applicant/Business Name: <b>GERALD NEWMAN</b>	Phone No: <b>HOME (509) 962-9698</b>	Other No: <b>CELL (509) 607-9103</b>
Address: <b>709 S. ALDER ST.</b>		
City: <b>ELLENSBURG</b>	State: <b>WA</b>	Zip: <b>98926-6656</b>
Email Address (optional):		

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

Legal Land Owner or Part Owner Name of the Proposed Place of Use:	Phone No:	Other No:
<b>ALL SAME AS ABOVE</b>		
Address:		
City:	State:	Zip:
Email Address (optional):		

### Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: **DOMESTIC-SINGLE** *TO update/strengthen/support a Surface Water Right (No. 10848) granted by Wash. State on 9/24/1969, by purchasing a Senior water right from Mr. Jerry Williams.*

Anticipated length of time to complete your project: \_\_\_\_\_

**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 checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
<i>Domestic (cabin) supply only</i>	<b>0.01</b>		<b>.03</b>	<i>Seasonal (weekends) in summertime</i>
<b>TOTAL:</b>	<b>0.01</b>		<b>.03</b>	

For Ecology Use	APPLICATION NO: <b>54-35348</b>	SEPA: Exempt/Not Exempt
	Fee Paid: <b>50%</b> Check No: <b>1074</b>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	Rv	Priority Date: <b>JUNE 11, 2010</b> Rv: <i>SA</i> WRIA: <b>39 KITTITAS</b>

**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)

<p><b>A.) If Surface Water Source</b></p> <p><input checked="" type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake  <input type="checkbox"/> Other: _____</p> <p>Source Name: <u>"an unnamed Spring"</u>  Tributary to: <u>Kachess Lake</u></p> <p>Number of proposed diversion points: <u>1</u>  Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>B.) If Ground Water Source</b></p> <p><input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____  _____</p> <p>Well diameter &amp; depth: _____  Number of proposed points of withdrawal: _____  Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO  If available, attach Water Well Report and pump test.  Well Tag ID No. _____</p>
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**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
<p><u>"The approximate point of diversion is located"</u></p> <p>If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:</p> <p><u>700</u> Feet (<input type="checkbox"/> North/<input checked="" type="checkbox"/> South) and <u>700</u> feet (<input type="checkbox"/> East/<input checked="" type="checkbox"/> West)  from the (<input type="checkbox"/>NW <input type="checkbox"/>SW <input type="checkbox"/>NE <input type="checkbox"/>SE <input type="checkbox"/> <u>W</u><sup>quarter</sup>) corner of Section <u>22</u>.</p>						
Parcel No.	¼	¼	Section	Township	Range	County
<u>Gout. Lot 1</u>			<u>22</u>	<u>21</u>	<u>13E.</u>	<u>Kittitas</u>
Lot(s)	Block(s)		Subdivision			
<p>If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:</p> <p>_____ feet (<input type="checkbox"/> North/<input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/<input type="checkbox"/> West)  from the (<input type="checkbox"/>NW <input type="checkbox"/>SW <input type="checkbox"/>NE <input type="checkbox"/>SE <input type="checkbox"/> _____) corner of Section _____</p>						

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

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

Provide the owner name(s), address, and phone number: The unnamed Spring is on Forest Service Land, and the F.S. has issued and annually renewed a Special Use Permit (CLE538302) ever since 1968. Please see copy "Permit to

**Section 4. PLACE OF USE** Appropriate Public Waters ... attached.

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.

"Tract 65 of the Plat of Lake Kachess Summer Home Sites, within Gout. Lot 2, Sec. 21, T. 21 N., R. 13 E. W. M."

¼	¼	Section	Twp.	Range	County	Parcel No.

For Ecology Use	APPLICATION NO: _____ SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____ ECY Coding: 001-001-WR1-0285-000011
Date Returned	Rv Priority Date Rv WR1A

39  
KITT

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: Please see the attached documents,

"Certificate of Surface Water Right" (1969) and "Permit to appropriate Public Waters of the State of Washington" (1968)

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): Poly pipeline (1") from spring box to cabin home, chiefly gravity feed.

### Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <small>(defined under RCW 90.03.015)</small>
Projected number of connections to be served: <u>1</u>	Present population to be served water: _____
Type of connections: <u>recreational cabin</u> <small>(e.g., home, recreational cabin)</small>	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?  YES  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?  YES  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 = 0 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 0 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**

0  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: 550 gal. tank

*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: From Easton Sparks Rd/Lake Kachess Dam Rd intersection, drive 3 1/4 mi. N. on Kachess Dam Rd. (also known as F.S. 4818).

Site Address: 5830 Kachess Dam Rd., Cabin #65

**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.

<u>GERALD G. NEWMAN</u> Print Name (Applicant or authorized representative)	<u>[Signature]</u> Signature	<u>6/10/2010</u> Date
<u>GERALD G. NEWMAN</u> Print Name (Legal Owner or Part Owner Place of Use)	<u>[Signature]</u> Signature	<u>6/10/2010</u> 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

Please check the region in which the project is located:

<p><b>*Submit your application to:</b> DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (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.

