



Water Resources Program Application for a Water Right Permit

For Ecology Use
(Date Stamp)

'10 JUN 14 10:41

\$50 check-~~68~~
6-17-2010

- 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: WA Dept of Fish & Wildlife	Phone No: 509-686-4305	Other No:
Address: 54 Moe Road		
City: Brewster	State: WA	Zip: 98812
Email Address (optional):		

Contact Name (if different from above): Marc Hallet or Dan Peterson	Phone No: 509-686-4305	Other No:
Relationship to Applicant: Wildlife Area Manager & Assistant Manager		
Address: 54 Moe Road		
City: Brewster	State: WA	Zip: 98812
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: WA Dept of Fish & Wildlife	Phone No: 360-902-8149	Other No:
Address: 600 Capitol Way North		
City: Olympia	State: WA	Zip: 98501
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Water from sources listed below will be used to reestablish native vegetation, trees & shrubs, to improve wildlife habitat

Anticipated length of time to complete your project: 8 years to 10 years

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)		
WR - wildlife refuge		6 gpm		Seasonal
TOTAL:				

.013 CFS →

For Ecology Use	APPLICATION NO: <u>54-35354</u>	SEPA: Exempt/Not Exempt
Fee Paid: <u>\$50</u>	Check No:	ECY Coding: 001-001-WR1-0285-000011
Date Returned:	By: <u>6/16/2010</u>	By: <u>50-Douglas Co</u>

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: 4 / 1 / 2010 TO: 12 / 1 / 2020

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

<p>A.) If Surface Water Source</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>Soc 21, Spring 3</u></p> <p>Tributary to: _____</p> <p>Number of proposed diversion points: <u>1</u></p> <p>Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>B.) If Ground Water Source</p> <p><input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____</p> <p>Well diameter & depth: _____</p> <p>Number of proposed points of withdrawal: _____</p> <p>Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If available, attach Water Well Report and pump test.</p> <p>Well Tag ID No. _____</p>
--	--

C.) Point of Diversion/Withdrawal - Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
<u>2925210000</u>	<u>SE</u>	<u>SE</u>	<u>21</u>	<u>29</u>	<u>25</u>	<u>Douglas</u>
Lot(s)	Block(s)		Subdivision			

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

1550 Feet (North/ South) and 500 feet (East/ West)
 from the (NW SW NE SE) corner of Section 21.

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.

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: _____

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.

¼	¼	Section	Twp.	Range	County	Parcel No.
<u>SE</u>	<u>SE</u>	<u>21</u>	<u>29</u>	<u>25</u>	<u>Douglas</u>	<u>2925210000</u>

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

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: 54- 095064 CL

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): Drip irrigation system will be constructed using 1 inch & 3/4 inch plastic hoses, 1- 0.5 gph emitters to provide water to newly planted native trees & shrubs

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? 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 = _____ 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

To reestablish native vegetation. Reestablished vegetation will improve habitat conditions and winter foraging habitat for a sharp-tailed grouse - a threatened species - as well as other native wildlife.

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: From BPA sub station on Hwy 17.
Travel up Sand Hill Road to old field rd west of SHR,
about 2 miles. Turn on to old field rd, travel ~ 1.5 miles
to spring

Site Address: _____

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>Dan Peterson</u>	<u>[Signature]</u>	_____
Print Name (Applicant or authorized representative)	Signature	Date
<u>Jennifer Queen</u>	<u>[Signature]</u>	<u>6/1/2010</u>
Print Name (Legal Owner or Part Owner Place of Use)	Signature	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>*Submit your application to: 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 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 have questions about your application, contact the Water Resources program at the regional office in which your project is located.

