



**Water Resources Program**  
**Application for a Water Right Permit**

For Ecology Use  
 (Date Stamp)

JUN 14 18:41

\$50 fee OK-EB  
 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
<b>TOTAL:</b>				

0.13 cfs  
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For Ecology Use	APPLICATION NO: <u>54-35363</u>	SEPA: Exempt/Not Exempt
Fee Paid: <u>\$50.00</u>	Check No: <u>6.16.2010</u>	ECY Coding: 001-001-WR1-0285-00001
Date Returned	By: <u>50. Douglas</u>	Priority Date

**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><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>See 28 - Spring 1</u></p> <p>Tributary to: _____</p> <p>Number of proposed diversion points: _____          Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" 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: _____</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.          Well Tag ID No. _____</p>
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**C.) Point of Diversion/Withdrawal - Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
<u>29252820001</u>	<u>SE</u>	<u>NW</u>	<u>28</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:  
1250 Feet ( North  South) and 2000 feet ( East  West)  
 from the ( NW  SW  NE  SE  ) corner of Section 28.

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.

Same as P.O.D.

¼	¼	Section	Twp.	Range	County	Parcel No.
<u>SE</u>	<u>NW</u>	<u>28</u>	<u>29</u>	<u>25</u>	<u>Douglas</u>	<u>29252820001</u>

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0283-000011
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: \_\_\_\_\_

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 hose, 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? <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**

*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 Bridgeport, travel north on SR 173 to Ozellen Hill Rd. Turn onto O.H.R. travel up hill to Division Rd. Turn south on to Division Rd to Rd 26 NE. Turn east on 26 for 2.75 miles. Stop & walk SW 2353 feet

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.

Dan Pederson  
 Print Name  
 (Applicant or authorized representative)

[Signature]  
 Signature

3/30/2010  
 Date

Jennifer Quan  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

[Signature]  
 Signature

6/1/2010  
 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:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<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.

