



State of Washington
Application for a Water Right Permit **JUL 26 09:07**

For Ecology Use
(Date Stamp)

SURFACE WATER GROUND WATER
 Permanent Temporary Short Term

DEPT. OF ECOLOGY
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: <i>Joan P. Smith and J. Sam Smith</i>	Phone No: <i>(509) 453-6670</i>	Other No: <i>961-3234</i>
Address: <i>5400 Mt. Aix Way</i>		
City: <i>Yakima</i>	State: <i>WA</i>	Zip: <i>98901</i>
Email Address (optional): <i>chen7@charter.net</i>		

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

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: **Cost Reimbursement Program... domestic, yard irrigation, fire protection (see also attached cover letter)*

Anticipated length of time to complete your project: *5 yrs.*

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/irrigation</i>	<i>0.02</i>		<i>2</i>	<i>continuously</i>
TOTAL:				

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: ___ / ___ / ___

For Ecology Use	APPLICATION NO: <i>54-35388</i>	SEPA: Exempt/Not Exempt
Fee Paid:	Check No:	ECY Coding: 001-001-WR1-0285-000011
<i>Cost reimbursement requested</i>		
Date Returned	By	Priority Date <i>7-28-10</i> By <i>WRIA: 47Chelan</i>

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 checked="" type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>Lake Chelan</u> Tributary to: <u>Columbia River</u> Number of proposed diversion points: <u>2</u> Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & 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. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
<u>28 21 03 549165</u>			<u>3</u>	<u>28</u>	<u>21E</u>	<u>Chelan</u>
Lot(s) <u>31</u>	Block(s)		Subdivision <u>Emerson Acres</u>			

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
<u>28 21 03 549170</u>			<u>3</u>	<u>28</u>	<u>21E</u>	<u>Chelan</u>
Lot(s) <u>32</u>	Block(s)		Subdivision <u>Emerson Acres</u>			

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.

Lots 31 & 32, Emerson Acres, Chelan County, Washington, according to the plat thereof recorded in Volume 5 of Plats, Page 43.

¼	¼	Section	Twp.	Range	County	Parcel No.
		<u>3</u>	<u>28</u>	<u>21E</u>	<u>Chelan</u>	<u>28 21 03 549165</u> <u>and 170</u>

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): _____

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>recreational cabins</i> <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 = 1 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

fire protection

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 instructions to the project site. TAKE Highway 150 from Chelan to Mansel. At Mill Bay Casino take a right on Wapato Lake Road. Follow to its end. At END take a right on Lower Joe Creek Road. Approx. 2 miles up take a left on a dirt road that immediately takes you through a deer fence gate. This turnoff is before the intersection with Upper Joe Creek Road. Follow Dirt Road approx 2 1/2 miles +

(509) 961-3234 call me if I could meet to help find property Sam

E take dirt road leading to lake & follow enclosed maps

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.

J. Sam Smith J. Sam Smith J. Sam Smith July 23, 10
 Print Name (Applicant or authorized representative) Signature Date

x Joan P. Smith x Joan P. Smith July 23, 10
 Print Name (Landowner of Place of Use) Signature Date

 Print Name (Landowner of Place of Use) Signature Date

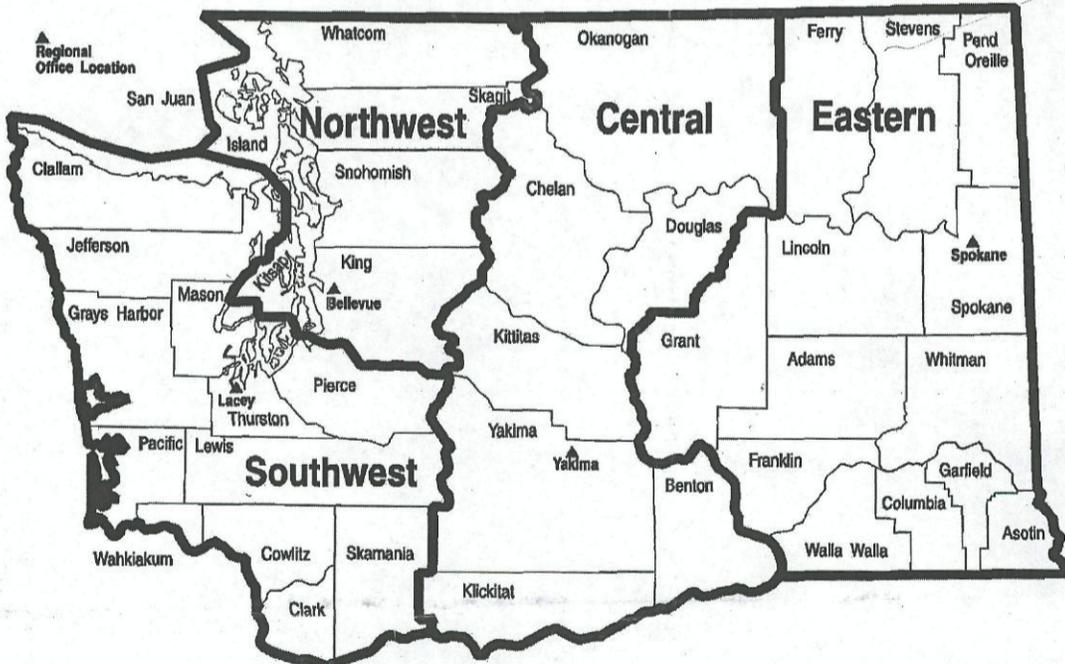
 Print Name (Landowner of Place of Use) Signature Date

Submit your application to: ~~DEPARTMENT OF ECOLOGY
 CASHIERING SECTION
 PO BOX 5128
 LACEY WA 98509-5128~~

*P.O. Box 47611
 Olympia 98504-7611*

Please check the region in which your proposed project is located.
 Southwest Northwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



- Southwest Regional Office: 360-407-6300
- Northwest Regional Office: 425-649-7000
- Central Regional Office: 509-575-2490
- Eastern Regional Office: 509-329-3400

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341