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For Ecology Use  
 (Date Stamp)  
**RECEIVED**  
 JUN 25 2010  
 DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

## Water Resources Program

### Application for a Water Right Permit

- 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>Douglas &amp; Annemieke Stewart</b>	Phone No: 206-898-1271	Other No: 206-275-3794
Address: 9376 SE 46 <sup>th</sup> St.		
City: Mercer Island	State: WA	Zip: 98040
Email Address (optional): stewart.doug@gmail.com		

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: Douglas & Annemieke Stewart	Phone No: 206-898-1271	Other No: 206-275-3794
Address: 9376 SE 46 <sup>th</sup> St.		
City: Mercer Island	State: WA	Zip: 98040
Email Address (optional): stewart.doug@gmail.com		

### Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Purchase water rights from Jerald Williams' senior water rights (Court Claim No. 01746) to provide domestic water for the existing Stewart cabin. Alternatively, if the Williams' rights cannot be banked for some reason, we intend to seek rights from Suncadia for the same intended use and would like this application to be considered in connection with those rights.

Anticipated length of time to complete your project: Cabin and water distribution system are existing.

**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)
Domestic-single	<input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	0.06	Seasonal

For Ecology Use	APPLICATION NO: <b>54 35380</b>	SEPA: Exempt/Not Exempt
	Fee Paid: <b>50.00</b>	Check No: <b>#1993</b> Date: <b>06-25-2010</b>
		ECY Coding: 001-001-WR1-0285-000011
Date Returned: _____	By: _____	Priority Date: <b>06-25-2010</b> By: <b>Ja</b> WRIA: <b>39 Kittitas</b>

<b>TOTAL:</b>		0.06	

**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>No name</u></p> <p>Tributary to: <u>Lake Kachess</u></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>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.</p> <p>Well Tag ID No. _____</p>
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**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
056835	NE	NE	21	21	13	Kittitas
Lot(s)	Block(s)		Subdivision			

39  
KITT

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

590 Feet ( North/ South) and 1130 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: Lake Kachess Cabin Owners, c/o Robin Morissey, 7224 N Fotheringham St, Spokane, WA 99205. Phone: 509-953-7158.

**Section 4. PLACE OF USE**

For Ecology Use	APPLICATION NO: <u>54-35380</u> SEPA: Exempt/Not Exempt
	Fee Paid: <u>50<sup>00</sup></u> Check No: <u>#1993 06-25-2010</u> ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____ Priority Date <u>JUN 25, 2010</u> By _____ WRIA: _____

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.

LAKE KACHESS SUMMER HOME SITES; LOT 92 & (PTN TRACT C-2,~B4/P23-24); SEC 21, TWP 21, RGE 13~						
¼	¼	Section	Twp.	Range	County	Parcel No.
NW	NE	21	21	13	Kittitas	926835

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): The existing water system consists of a 4" plastic pipe that diverts water to a 300 gallon water storage tank located just below the spring. A pipe delivers water by gravity from the storage tank down the hill to our cabin with a 2" water service to the cabin.

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**  
(Complete A or B, and C below)

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: 1	Present population to be served water: _____
Type of connections: <u>Recreational Cabin</u> <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: \_\_\_\_\_

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**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: 0

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Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses: No other uses

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**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: \_\_\_\_\_

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Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_

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**Other Use**

None \_\_\_\_\_

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**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: There is an existing 300 gallon storage tank just below the spring on the hillside.

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: Take exit 70 off of Interstate 90. Turn north and drive to Sparks road on the north side of I-90. Drive 0.08 miles west on Sparks Road and turn right on Kachess Dam Road. Drive 4 miles on Kachess Dam road to gate 6650. Turn left at gate 6650 and drive down the hill, make left turn to Lot 92 (10 Kachess Lane)

Site Address: 10 Kachess LN, Easton, WA

**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.

DOUGLAS Stewart  
Print Name  
(Applicant or authorized representative)

[Signature]  
Signature

06/24/10  
Date

Annemieke Stewart  
Print Name  
(Legal Owner or Part Owner Place of Use)

A. Stewart  
Signature

6/24/10  
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:

<b>*Submit your application to:</b> 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