For Ecology Use
(Date Stamp)

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: KOHR / MERRIMAN	Phone No: 253-520-4944	Other No: cell 253-561-1180
Address: 25802 - 68TH AVE So.		
City: KENT.	State: WA	Zip: 98032
Email Address (optional):		

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

10 AUG 10 A7:45
DEPT OF ECOLOGY
FISCAL BUDGET

Legal Land Owner or Part Owner Name of the Proposed Place of Use: SAME –	Phone No:	Other No:
Address: 13642 So. LAKESHORE RD.		
City: CHELAN	State: WA	Zip: 98816
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: DOMESTIC WATER USE ONLY. 1¢. HOUSEHOLD SINK SHOWER, TOILET ... ONLY

Anticipated length of time to complete your project: PRESENTLY IN USE (SINCE 1975?)

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) ☐ Cubic Feet per Second (CFS) ☐ Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
DOMESTIC RES. ONLY			

For Ecology Use	APPLICATION NO: S4-35398 SEPA: Exempt/Not Exempt
	Fee Paid: $50.- Check No: ECY Coding: 001-001-WR1-0285-000011
Date Returned By	Priority Date 8-10-2010 By WRIA: 47 Chelan

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: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☒ Lake

☐ Other:_____

Source Name: LK. CHELAN.

Tributary to:_____

Number of proposed diversion points: 1

Do you have an existing diversion? ☒ YES ☐ NO

B.) If Ground Water Source

☐ Well(s) ☐ Other:_____

Well diameter & depth:_____

Number of proposed points of withdrawal:_____

Do you have an existing well? ☐ YES ☐ 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

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_____.

Parcel No.	¼	¼	Section	Township	Range	County
12 & 13	1		16	28	21E	CHELAN

Lot(s)	Block(s)	Subdivision
LOTS 12 & 13,	BLOCK 1,	COTTAGE BEACH NO. 2 ON LAKE CHELAN, WA

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.

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:_____

SEE SECTION 3.

¼	¼	Section	Twp.	Range	County	Parcel No.

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): A SUBMERGED 220V PUMP LOCATED IN THE LAKE SUPPLIES WATER TO AN ON-LAND PRESSURE TANK WHICH MAINTAINS PRESSURE FOR THE SINGLE FAMILY RESIDENCE. THE SYSTEM HAS BEEN IN USE SINCE MID 1970's.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	**B.) Municipal Water Systems only** *(defined under RCW 90.03.015)*
Projected number of connections to be served: ONE Type of connections: Home *(e.g., home, recreational cabin)*	Present population to be served water: _____ 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 NOT TO MY KNOWLEDGE.

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

NONE

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

NONE

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

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: _____

- ASSESSOR TAX PARCEL ID: 28 21 16 511 060

- HOME LOCATION:

Site Address: 13642 So. LAKESHORE RD. - CHELAN. WA. 98816

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.

Print Name (Applicant or authorized representative)	Signature	Date
MICHAEL R. KOHR	Michael R Kohr	8.10.10
JOANNE MERRIMAN	Joanne Merriman	8.10.10

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:**	☒ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ 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.