



Water Resources Program
Application for a Water Right Permit

For Ecology Use
 (Date Stamp)

10 OCT 27 8:47

DEPT. OF ECOLOGY
 FISCAL & BUDGET

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.**

RECEIVED

OCT 29 2010

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

Section 1. APPLICANT

Applicant/Business Name: Yakama Nation		Phone No: 509-548-2206	Other No:
Address: 7051 Highway 97			
City: Peshastin	State: WA	Zip: 98847	
Email Address (optional): cory@mid-columbia-coho.net			

Contact Name (if different from above): Cory Kamphaus		Phone No: 509-548-2206	Other No:
Relationship to Applicant: Employee			
Address: same as above			
City:	State:	Zip:	
Email Address (optional):			

Legal Land Owner or Part Owner Name of the Proposed Place of Use: George Trustees Sharen and Jim		Phone No:	Other No:
Address: 19960 Gilcreek Road			
City: Leavenworth	State: WA	Zip: 98826	
Email Address (optional):			

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Fish Propagation: handling and spawning local broodstock, incubating eggs and rearing some juveniles

Anticipated length of time to complete your project: 3 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)		
Fish Propagation	1,500			Seasonal

Priority: 10.27.2010 G4-33006 \$333.00 WRIA 45 Chelan

TOTAL: 1,500

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		B.) If Ground Water Source	
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: 8 x 100 Number of proposed points of withdrawal: 3 Do you have an existing well? <input type="checkbox"/> YES <input checked="" 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
271726200100	SW	SW	26	27N	17E	Chelan
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
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: George Trustees Sharen and Jim, 19960 Gilcreek Road, Leavenworth, WA 98826.

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.

SW	NW	26	27N	17E	Chelan	271726200100
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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

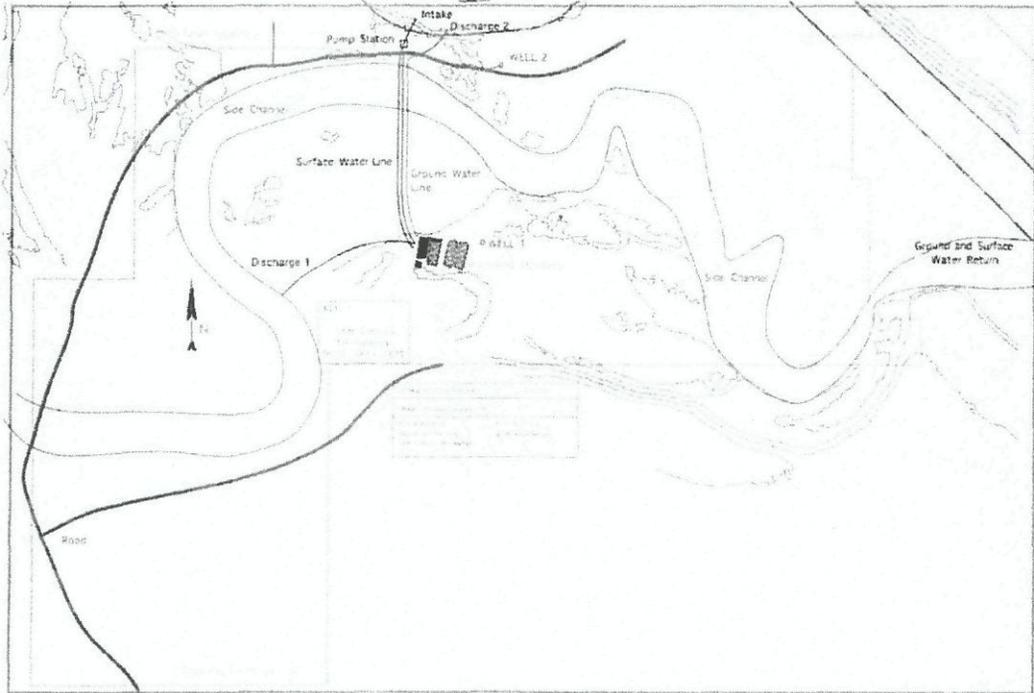
Provide owner name(s), address, and phone number: George Trustees Sharen and Jim, 19960 Gilcreek Road,
Leavenworth, WA 98826.

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.

The location of 2 of the proposed wells are shown in the diagram below. The need for and location of the other well will be determined after test wells 1 and 2 are drilled. Water will be returned to an existing side channel as part of a habitat restoration project being proposed by the Yakama Nation.



Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Proposed water system will include shallow groundwater wells equipped with pumps and pipelines sized to provide up to 1,500 gpm to a hatchery building, incubators, rearing troughs, offices and a small shop. There will be approximately 1,500 feet of buried pipeline.

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: 2	Present population to be served water: _____
Type of connections: <u>office and shop</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? <input type="checkbox"/> YES <input checked="" 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 checked="" 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

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 SR 2, take SR 207 north. Take right (east) on Beaver Valley Road. Turn left (north) on a gravel road one mile from SR207.

Site Address: None

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.

Cory Kamphaus
Print Name
(Applicant or authorized representative)

[Signature]
Signature

10/19/10
Date

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

Signature

Date

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

SHARON GEORGE

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

Jim George

Signature

Sharon George

Signature

Jim George

Date

10-22-10

Date

10-22-10

Date