

## 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>ALAN W. EDDY</b>	Phone No: <b>425-432-1947</b>	Other No: <b>206310 9106</b>
Address: <b>21837 SE 203 ST</b>		
City: <b>MAPLE VALLEY</b>	State: <b>WA.</b>	Zip: <b>98038</b>
Email Address (optional): <b>aeddy@vircom.net</b>		

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: <b>EDDY LAKE KACHESS CABIN LLC</b>	Phone No: <b>425 432 1947</b>	Other No: <b>206310 9106</b>
Address: <b>21837 SE 203 ST</b>		
City: <b>MAPLE VALLEY</b>	State: <b>WA</b>	Zip: <b>98038</b>
Email Address (optional): <b>@eddy@vircom.net</b>		

### Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: PURCHASE WATER RIGHTS FROM JERALD A. WILLIAMS' SENIOR WATER RIGHTS (COURT CLAIM NO. 01746 WATER RIGHT CHANGE Appl. No. CSH-01746 CTCLSB10)

Anticipated length of time to complete your project: 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)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
<b>DOMESTIC-Single</b>	<b>8</b>		<b>0.06</b>	<b>SEASONAL</b>
<b>TOTAL:</b>	<b>8</b>		<b>0.06</b>	

For Ecology Use	APPLICATION NO: <b>54-35520</b>	SEPA: Exempt/Not Exempt
	Fee Paid: <b>50.00</b> Check No: <b>5105</b>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <b>09-22-2011</b> By <b>[Signature]</b> WRIA: <b>39 Kittitas</b>

8/21/11-0.0000

DEPT. OF ECOLOGY  
FISCAL SERVICES  
11 SEP 2011 08:44

**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>N/A</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
<u>056835</u>	<u>NW</u>	<u>NE</u>	<u>21</u>	<u>21N</u>	<u>13E</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:

700 Feet ( North/ South) and 1100 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 ASSOC. % ROBIN MORISSEY, 7224 N FOTHERINGHAM ST. SPOKANE, WA. 99205 PH. 509.953.7158

**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.

LOT 93, LAKE KACHESS SUMMER HOME SITES, COUNTY OF KITTITAS, STATE OF WASHINGTON, AS PER PLAT HEREOF RECORDED IN BOOK 4 OF PLATS, PAGES 23 AND 24, RECORDS OF SAID COUNTY.

¼	¼	Section	Twp.	Range	County	Parcel No.
<u>NW</u>	<u>NE</u>	<u>21</u>	<u>21N</u>	<u>13E</u>	<u>KITITAS</u>	<u>938336</u>

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: _____

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): EXISTING WATER SYSTEM OF 12" COLLECTING PIPE FEEDING 2" PLASTIC PIPE GRAVITY FEEDING 500 GAL STORAGE TANK (FIBERGLASS) FEEDING A HOME VIA A 2" PLASTIC PIPE WITHIN A 4" METAL PIPE - LOT 93

### 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: <u>2</u>	Present population to be served water: _____
Type of connections: <u>DOMESTIC-SINGLE</u> <i>(e.g., home, recreational cabin)</i> <u>RECREATIONAL CABIN-RV</u>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
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 = 0 ACRES

NOTE: Outline the area to be irrigated on your attached map.

**Stockwater**

List number and kind of stock: Ø

Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses: NONE

**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: 500 GAL STORAGE TANK NEAR SPRING - EXISTING

*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.*

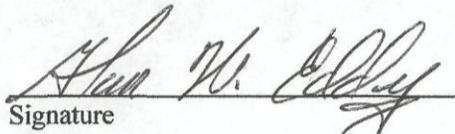
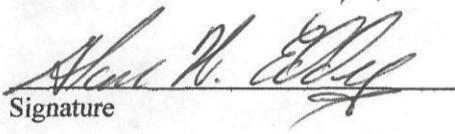
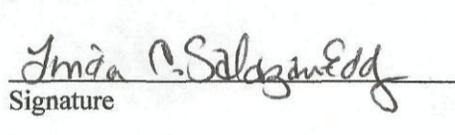
**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: EXIT I 90 @ EXIT # 70 - TURN NORTH TO "SPARKS RD". TURN LEFT (WEST) - RIGHT TURN ONTO "KACHESS DAM RD" 4 MILES ON FS 4818 TO GATE 6650 ENTER & TURN LEFT - PROCEED TO # 21

Site Address: 21 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.

<u>ALAN W. EDDY</u> Print Name (Applicant or authorized representative)	 Signature	<u>09.20.2011</u> Date
<u>ALAN W. EDDY</u> Print Name (Legal Owner or Part Owner Place of Use)	 Signature	<u>09.20.2011</u> Date
<u>LINDA C. SALAZAR-EDDY</u> Print Name (Legal Owner or Part Owner Place of Use)	 Signature	<u>09.20.2011</u> Date
_____ Print Name (Legal Owner or Part Owner Place of Use)	_____ Signature	_____ Date

Please check the region in which the project is located:

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

