For Ecology Use
(Date Stamp)

DEPT OF ECOLOGY
MAY 01 2012
CENTRAL REGION OFFICE

WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington
Application for a Water Right Permit

☐ SURFACE WATER ☒ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

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: LORN HARRIS - EVELYNE HARRIS	Phone No: (509) 884-8184	Other No:
Address: 1758 SOUTH KENT PLAZA		
City: EAST WENATCHEE	State: WASHINGTON	Zip: 98802
Email Address (optional): tinabug77@gmail.com		

Contact Name (if different from above): DAVID C MARTINEZ (Deceased please contact Applicant)	Phone No: (509) 305-8391	Other No:
Relationship to Applicant: SON-IN-LAW		
Address: 81 SUMMIT DRIVE		
City: GRANDVIEW	State: WASHINGTON	Zip: 98930
Email Address (optional): DAVE MB GRANDVIEW.WA.US		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: This is an Irrigation System That is in Place and Has Been For Used 34 years, This Has Been Used Soely As an Irigation System For 4.5 Acres of Cherries

Anticipated length of time to complete your project: Complete

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)
Irigate Cherry Orchards	[redacted] GPMS = 150		April To October
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: G4-33066 SEPA: Exempt/Not Exempt Fee Paid: ____ Check No: ____ ECY Coding: 001-001-WR1-0285-000011
Date Returned ____ By ____	Priority Date 5.1.2012 By ____ WRIA: 44 DOUGLAS

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
☐ Spring ☐ Creek ☐ River ☐ Lake ☐ Other:_____	☑ Well(s) ☐ Other:_____
Source Name:_____	Well diameter & depth: 35' - 6"
Tributary to:_____	Number of proposed points of withdrawal: 1
	Do you have an existing well? ☐ YES ☑ NO
Number of proposed diversion points:_____	If available, attach Water Well Report and pump test.
Do you have an existing diversion? ☐ YES ☐ NO	Well Tag ID No. N/A

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
						DOUGLAS
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:_____

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 10 EX TAX 6
TAX 2 LOT 6 EX MARLOW-SP
11670 RIVER SIDE DRIVE ROCK ISLAND

¼	¼	Section	Twp.	Range	County	Parcel No.
		26	22	21	DOUGLAS	H1400001001

Do you own all the lands on which the proposed place of use is located? ☑ YES ☐ NO. H1600000602

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 WELL IS 35' FEET DEEP WITH A 6" CASING AND A 5 HORSE POWER TURBINE MOTOR CAPABLE OF PRODUCING 175 GALLONS PER MINUTE. THE DILIVERY LINE FROM THE PUMP TO TO ORCHARDS IS A 6" LINE, THE ENTIRE ORCHARD IS SERVICED BY 2" WATER LINES (PVC) SCH 40. THERE IS 60 2" SHUTOFF VALVES IN CASE REPAIRS ARE NEEDED, WE HAVE 1000 SPRINKLER TO SERVICE THE ORCHARD.

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: _____	Present population to be served water: _____
Type of connections: _____ (*e.g., home, recreational cabin*)	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 = 5 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: WATER LAWN'S

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: Drive West on State Hiwy #28 From Rock Island For 2 miles Turn Right on Riverside Drive, go To Stop Sign And Turn Left on River-Side Drive And go 1/4 mile Till Address Sign is Seen 1670 Riverside Drive, Drive Down Gravel-Rock Road 500' Till You Reach Property.

Site Address: 1670 Riverside Drive, Rock Island, WA 98850.

Section 11. REQUIRED SIGNATURES

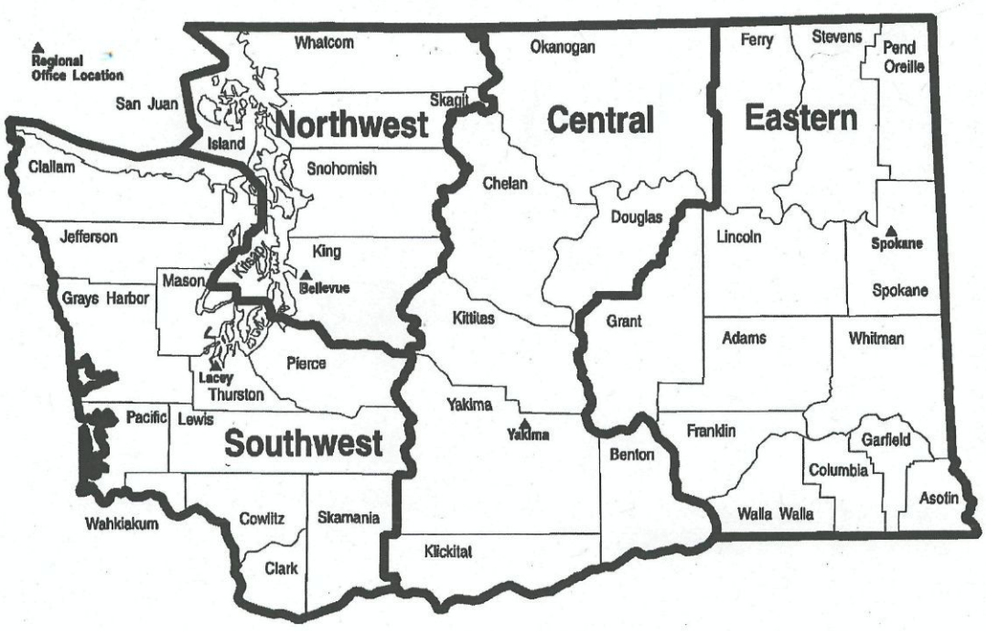
I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the 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.

EVELYN E HARRIS	Evelyne Harris	3-28-2012
Print Name (Applicant or authorized representative)	Signature	Date
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 UNIT
PO BOX 47611
OLYMPIA WA 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