

DEPARTMENT OF
ECOLOGY
State of Washington

For Ecology Use
(Date Stamp)

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DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

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DEPT. OF ECOLOGY
FISCAL & BUDGET

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MAR 02 2009

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

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

\$50 OK-EG 3-12-09

Applicant/Business Name: Devere / Nola Clarneau, Owners AGATE ACRES R.V, PARK		Phone No: 509-735-8642	Other No: 509-760-3700
Address: 182302 S. Plymouth Rd. P O Box 212			
City: Plymouth,		State: Wa	Zip: 99346 -0212
Email Address (optional):			

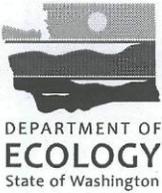
Contact Name (if different from above): Devere / Nola Clarneau		Phone No: 509-735-8642	Other No: 509-760-3700
Relationship to Applicant: Owners / Operators			
Address: 182302 S. Plymouth Rd. P O Box 212			
City: Plymouth		State: Wa	Zip: 99346
Email Address (optional):			

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: (2) Domestic - Multiple (RV Park)
(4) Dust Control; (10) Irrigation; (Landscaping); (13) Stock Water.
(14) Fire Protection
Anticipated length of time to complete your project: 36 months

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

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THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name:	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

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

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: _____

Anticipated length of time to complete your project: _____

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)		
Domestic + Dust Con.	2.5			Seasonal
IRRIGATION, TREES, Livestock Acreage	1/2			Seasonal
Gardening, landscaping	1/2			"
TOTAL:	3.5			

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

For Ecology Use	APPLICATION NO: G4-35225	SEPA: Exempt/Not Exempt		
	Fee Paid: \$50.	Check No: _____	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date 02-27-2009	By	WRIA: 31 Benton Co.

A.) If Surface 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	B.) If Ground Water Source <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ _____ Well diameter & depth: _____ Number of proposed points of withdrawal: _____ Do you have an existing well? <input type="checkbox"/> YES <input 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
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.

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.

2008-10

Domestic for residents	Quantities
Drip Irrigation to trees	required
Small Community Garden	unknown at
	this time
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

<p>A.) If Surface Water Source</p> <p>Spring Creek River Lake Other: _____</p> <p>Source Name: _____</p> <p>Tributary to: _____</p> <p>Number of proposed diversion points: _____</p> <p>Do you have an existing diversion? YES NO</p>	<p>B.) If Ground Water Source</p> <p>Well(s) Other: _____</p> <p>Well diameter & depth: Unknown now</p> <p>Number of proposed points of withdrawal: -1-</p> <p>Do you have an existing well? YES <input checked="" type="radio"/> NO</p> <p>If available, attach Water Well Report and pump test.</p> <p>Well Tag ID No. N/A</p>
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C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
106581012890001	NE		6	5	28	Benton County
Lot(s)	Block(s)		Short Subdivision Plat			
106581012890001						

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 _____

<input type="checkbox"/> Parcel No	¼	¼	<input type="checkbox"/> Section	<input type="checkbox"/> Townshi	<input type="checkbox"/> Rang	<input type="checkbox"/> Count
<input type="checkbox"/>						
<input type="checkbox"/> Lot(s)	<input type="checkbox"/> Block(s)		<input type="checkbox"/> Subdivisio			
<input type="checkbox"/>						

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/ We

st) 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

r. 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

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.

Sec 6, Twp 5, R 28 1/4 N.E., Parcel # 106581000001003
Sec 6, Twp 5, R 28 1/4 N.E., Parcel # 10658101289003
Short Plat # 1131, Lot 3, Parcel # 10658101111003

1/4	1/4	Section	Twp.	Range	County	Parcel No.
					Benton	See Above

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): Submersible pump, veridrive and piping

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: <u>150 Spaces in RV Park</u>	Present population to be served water: _____
Type of connections: <u>RV Hookups</u> (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: We are connected to the
Plymouth Water District 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: Alpaca, horses, chickens. Numbers not available.

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses: Shade trees

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- 1 Acreage irrigated under water rights acquired after December 8, 1977,
- 2 Acreage proposed to be irrigated under this application, and
- 3 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

N/A

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: Hwy 395 south from Tri-Cities to Exit 131; West: 1/2 mile to South Plymouth Rd.; North 1/4 m. to R. V. Park on left.
Site Address: 182302 S. Plymouth Rd., Plymouth, WA 99346

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.

DeVere Clarneau



Print Name
Date 2/24/09
(Applicant or authorized representative)

Signature

Nola C. Clarneau

Nola C. Clarneau
Signature

Print Name 2/24/09

Date

(Landowner of Place of Use)

DeVere Clarneau

Devere Clarneau
Signature

Print Name 2/24/09

Date

(Landowner of Place of Use)

Nola C. Clarneau

Nola C. Clarneau
Signature

Print Name 2/24/09

Date

(Landowner of Place of Use)

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 47611
OLYMPIA, WA 98504-7611

Please check the region in which your proposed project is located.
Southwest Northwest Central Eastern Northeast

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.