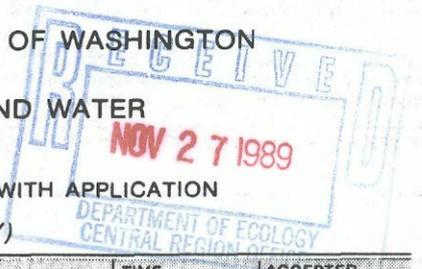




APPLICATION FOR PERMIT
TO APPLICABLE PUBLIC WATERS OF THE STATE OF WASHINGTON

SURFACE WATER GROUND WATER

\$10.00 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION
(GRAY BOXES FOR OFFICE USE ONLY)



APPLICATION NO. G 130112	W.R.I.A. 49	COUNTY Okanoogan	PRIORITY DATE 11-27-89	TIME	ACCEPTED
------------------------------------	-----------------------	----------------------------	----------------------------------	------	----------

APPLICANT'S NAME - PLEASE PRINT
(KENNETH R. & HELEN G. FRENCH)

Bus. Tel. _____
Home Tel. **(509) 422-4908**
Other Tel. _____

ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)
150 VIEWMONT DR. (OKANOOGAN, WA.) 98840

DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION

1. SOURCE OF SUPPLY

IF SURFACE WATER SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE)	IF GROUND WATER SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC.) (A well)
TRIBUTARY	SIZE AND DEPTH 8" 305'

2. USE
USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.)
Continuous Single DOMESTIC supply, stock water, IRRIGATION during irrigation

ENTER QUANTITY OF WATER REQUESTED USING UNITS OF: CUBIC FEET PER SECOND (CFS) _____	OR	GALLONS PER MINUTE (GPM) (20 G.P.M.)	ACRE FEET PER YEAR Season
--	----	--	-------------------------------------

TIMES DURING YEAR WATER WILL BE REQUIRED
All year

IF IRRIGATION, NUMBER OF ACRES 1	IF DOMESTIC USE, NUMBER OF UNITS BY TYPE, E.G. 1-HOME, 1-MOBILE HOME, 2-CAMPSITES, ETC. 1 Home	IF MUNICIPAL USE, ESTIMATED POPULATION 20 YEARS FROM TODAY
DATE PROJECT WAS OR WILL BE STARTED 10-27-89	DATE PROJECT WAS OR WILL BE COMPLETED 10-28-89	

3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

3A. IF IN PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)	SECTION	TOWN	RANGE	ALSO, PLEASE ENCLOSE A COPY OF THE PLAT AND MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION
-----	-------	------------------------------------	---------	------	-------	--

3B. IF NOT IN PLATTED PROPERTY

ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION. SHOW NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER.

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION) (NW 1/4 SW 1/4)	SECTION 1	TOWNSHIP N. 32	RANGE (E. OR W.) W.M. 25E	COUNTY Okanoogan
---	---------------------	--------------------------	-------------------------------------	----------------------------

4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED. IF NOT, INSERT NAME & ADDRESS OF OWNER
YES

5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

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 CAREFULLY IN THE SPACE BELOW.

See Attached

WHAT IS YOUR INTEREST IN THE PROPERTY ON WHICH THE WATER IS TO BE USED (PROPERTY OWNER, LESSEE, CONTRACT PURCHASER, ETC.)

OWNER

ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

YES

NO

IF YES, FROM WHAT SOURCE (i.e. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY

6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

pump 5 H.P. 23 gpm @ 400' 40 lbs pressure
for domestic, stock water and irrigation of
approx 1 acre

REMARKS

7.

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

KENNETH R. FRENCH
LEGAL LANDOWNERS NAME
(PLEASE PRINT)

Kenneth R French
APPLICANT'S SIGNATURE

Kenneth R French
LEGAL LANDOWNER'S SIGNATURE (OWNER OF PROPERTY
DESCRIBED IN ITEM NUMBER 5)

150 VLEMMONT DR. OKANOGAN, WA 98840
LEGAL LANDOWNER'S ADDRESS

FOR OFFICE USE ONLY

STATE OF WASHINGTON }
DEPARTMENT OF ECOLOGY } ss.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows:

.....
In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before....., 19.....

Witness my hand this..... day of....., 19.....