



State of Washington Application for a Drought Permit

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use
Fee Paid 10.00
Date 6/3/05
CR# 4805

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name MALON L. COWGILL Home Tel: (509) 582-4187
Mailing Address 41602 S 2100 PRSE Work Tel: (509) 531-8905
City KENNEWICK State WA Zip+4 99337 + 6911 FAX: (509) 582-4187

4304015

Section 2. CONTACT - PERSON TO CALL

Same as above

Name _____
Mailing Address _____
City _____ State _____ Zip+4 _____
Relationship to applicant _____

T 08 R 30 E - 28
SE SE
OR
SE NE ?
FROM APP
64-32958

KID
31
Benton

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 200 (gallons per minute or cubic feet per second) from a surface water source or ground water source (check only one) for the purpose(s) of IRRIGATION. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 75

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>1</u> well(s). <u>THIS APPLICATION IS TO ENLARGE OUR EXISTING WELL - NOT DRILL A NEW ONE.</u>
Number of diversions: _____	Size & depth of well(s): <u>EXISTING - 6" & 55'-0"</u> <u>PROPOSED - 10" & 75'-0"</u>
Source flows into (name of body of water):	
Distances in feet from _____ to the nearest _____	
Range(E/W) _____	

Internet version of app cut off POW so from looking at the info provided and a previous app (64-32958) I concluded POW to be T08 R30E-08

For Ecology Use Date Received: JUNE 3, 2005 Priority Date: JUNE 3, 2005 BENTON
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 06/06/05 By [Signature] Date Returned _____ By _____ WRIA: 31

Appl. No.: 64-35025

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: N/A

B. Briefly describe your proposed water system. (See instructions.)

WE PROPOSE TO INCREASE IN SIZE OUR EXISTING 6" WELL CASING TO A 10" OR 12" CASING. WE WOULD INCREASE OUR PUMP SIZE FROM 2 1/2 HP TO ABOUT 15 HP.

C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
 (Completed for all domestic/public supply uses.)

A. Number of "connections" requested: _____ Type of connection _____
 (Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? YES NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? YES NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? YES NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
 (Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: 20

B. List total number of acres for other specified agricultural uses:

Use <u>IRRIGATED PASTURE</u>	Acres <u>16</u>
Use <u>DOMESTIC / STOCK WATER</u>	Acres <u>4</u>
Use _____	Acres _____

C. Total number of acres to be covered by this application: 20

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
 Add up the acreage in which you have a controlling interest, including only:

‡ Acreage irrigated under water rights acquired after December 8, 1977;

* ~~Acres irrigated under water rights acquired before December 8, 1977.~~

‡ acreage proposed to be irrigated under other pending applications

- Is the combined acreage more than 6000 acres
- Do you have controlling interest in a family farm development permit? # _____

E. Farm uses. Stockwater Total # of animals
 animal type # milking # non milking

20

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES NO

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 apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. HWY 397 EAST TO HANEY RD. RIGHT ON HANEY, RIGHT ON TERRIL ROAD. SECOND LONG DRIVE ON RIGHT.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

YES NO

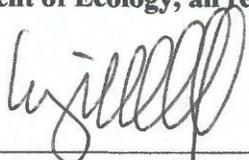
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located?

YES NO

If no, submit a copy of agreement:

I certify that the information above 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 I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

 Lola Cowgill June 1, 2005

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):		
_____ Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above and return your application by _____ (date).		

Ecology staff _____ Date _____