



DEPARTMENT OF  
**ECOLOGY**  
State of Washington

**Water Resources Program**  
**PROOF OF APPROPRIATION OF WATER**

**RECEIVED**

DEC 30 2014

For Ecology Use  
(Date Stamp)

Reviewed by:

Department of Ecology  
Eastern Washington Office

PERMIT NUMBER <b>8C:G3-27874P</b>	CHANGE APPROVAL NUMBER <i>SPD 11-___, N. AtView Water, CG 3-23978 C (G3-23978 C)</i>
NAME OF PERMITTEE <b>Whitworth Water District #2</b>	CONTACT NAME (IF DIFFERENT) <b>Susan McGeorge, Manager</b>

MAILING ADDRESS (STREET) <b>10828 N. Waikiki Rd</b>	CITY <b>Spokane</b>	STATE <b>WA</b>	ZIP CODE <b>99218</b>
PHONE NUMBER <b>(509)466-0550</b>	FAX NUMBER <b>(509)467-1830</b>		

SOURCE(S) OF WATER <b>Ground water well 15010 N. Columbus Spokane, WA 99208</b>	LOCATION OF SOURCE(S)					
	NO. <b>8C</b>	¼ <b>NE</b>	¼ <b>SE</b>	SECTION <b>10</b>	TOWNSHIP N. <b>27</b>	RANGE, (E/W)M <b>43</b>

LIST ALL PURPOSES WATER IS USED FOR:  
**Continous municipal supply**

DATE WATER WAS COMPLETELY APPLIED TO BENEFICIAL USE <b>10-1-2010</b>	TIME OF YEAR WATER IS USED: <input checked="" type="checkbox"/> Continuous/Year round <input type="checkbox"/> Seasonal	IF SEASONALLY, LIST THE START AND END DATE Start: _____ End: _____
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DESCRIBE HOW CONSTRUCTION AND DEVELOPMENT RELATED PROVISIONS (AS REQUIRED BY PERMIT) HAVE BEEN OR ARE TO BE MET (USE ADDITIONAL PAPER IF NECESSARY)  
**Well 8C, where water right was transferred to, has all required measuring devies, access ports and air and pressure gauges installed in accordance with State RCW's. *Water right transfer has been completed.***

DESCRIPTION OF SPECIFIC AREA ON WHICH WATER IS BENEFICIALLY USED(USE ADDITIONAL PAPER IF NECESSARY)  
**Area served by Whitworth Water District #2**

NO.	¼	¼	SECTION	TOWNSHIP N.	RANGE, (E/W)M
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**PHYSICAL WITHDRAWAL OR DIVERSION INFORMATION**

Point of Diversion/Withdrawal Tax Parcel #: 37325.9078

**For Pump Designed Water System Information:**

TYPE OF PUMP: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other _____			
MAKE <b>FLOWSERVC.</b>	MODEL # <b>16ENH</b>	SERIAL # <b>0510C6C79476-1</b>	HORSEPOWER <b>500</b>
MOTOR <b>US</b>	BHP <b>500</b>	SPEED <b>1775</b>	RPM <b>1775</b>
<input checked="" type="checkbox"/> Water lubricated <input type="checkbox"/> Oil Lubricated			
BOOSTER PUMP <input type="checkbox"/> Yes <input type="checkbox"/> No		BREAK HORSEPOWER	PRESSURE
PUMP DISCHARGE HEAD PRESSURE <b>130 psi</b>		DISCHARGE PIPE DIAMETER <b>16"</b>	

*OK FOR CERT END 1-12-15*

For Ground Water Withdrawal (if more than one, please include attachment)

Ecology Unique Well Identification Number(s) AGC-037 [Include a copy of the well log(s)]

PUMP SETTING (DEPTH) 252'	STATIC WATER LEVEL 75' feet below land surface	DYNAMIC (PUMPING) LEVEL 94' feet below land surface
ACCESS PORT INSTALLED? <input checked="" type="checkbox"/> Yes	AIRLINE INSTALLED? <input checked="" type="checkbox"/> Yes	AIRLINE LENGTH 242 Ft.

For Non-Pump Designed Water Systems

METHOD OF WATER DIVERSION	DESCRIPTION OF WORKS	
	SCREEN MESH SIZE	METHOD OF CONTROL

USE OF WATER FOR:

1. Irrigation (Please include map of all irrigated lands):

TYPE OF SYSTEM	NUMBER OF SPRINKLERS OR EMMITERS	SPRINKLER/EMMITER MAKE	MODEL & RATED DISCHARGE
SIZE NOZZLE/EMMITER OPENINGS	AVERAGE PRESSURE AT SPRINKLER/EMMITER HEADS	NUMBER OF ACRES DEVELOPED	TYPE OF CROP(S)

2. Municipal or Domestic Supply

NUMBER OF DOMESTIC UNITS CURRENTLY SERVED: <u>10,726</u>	NUMBER OF DOMESTIC UNITS TO BE SERVED:	POPULATION CURRENTLY SERVED: <u>26,815 (est)</u>
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ALSO, provide the following information, if applicable:

- Department of Health public water system identification number. 96601
- Map of the delivery system (provide copy if water system is done) (current service area map)
- Map of present service area and lots presently using water (Non-Municipal Users).
- If platted property, provide copy of the file plat map or file reference number Non-Municipal Users).
- Other incidental beneficial uses associated with the domestic supply (Non-Municipal Users).

3. Industrial or Commercial

TYPE OF INDUSTRY OR COMMERCIAL PROCESS <u>Municipal water supply</u>
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If a waste discharge permit is required for the facility, include a reference to the permit number: \_\_\_\_\_

4. Other Use of Water (describe): \_\_\_\_\_

**WATER USE AND \*MEASUREMENT**

IS A FLOW METER OR MEASURING DEVICE INSTALLED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION OF METER(S) OR MEASURING DEVICE(S) <u>In discharge string</u>		
MAKE <u>Master Meter</u>	SERIAL NUMBER <u>04H4233</u>	INSTALLATION DATE <u>4/4/06</u>	INSTALLED BY: <u>Specialty Pumps</u>
METER READING <u>379001892</u>	DATE <u>12/9/2014</u>		

\*Include copy of meter specifications

Report actual amount withdrawn or diverted from permanent system on an instantaneous and annual basis. Please include meter data or describe method used to estimate annual volume.

CUBIC FEET PER SECOND <u>8.6</u>	ACRE FEET PER YEAR <u>1277 AC-FT 41.75</u>	GALLONS PER MINUTE <u>3800 100</u>	TOTAL GALLONS PER YEAR <u>416,020,400</u>
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If the existing water use as indicated by meter data, etc., is less than you anticipate to be the full extent of the water right which you are reporting through submission of this form, please explain on a separate sheet of paper.

I, Susan McGeorge, do certify that I have completed the appropriation of water under  
(Please Print)  
Water Right Permit or approved water right change and the water right transfer has been completed for  
water right number CA3-23978 C. This notice and attached documents are true and  
accurate statements and describe and support my assertion that I have satisfied the terms of the  
permit/change in compliance with the law.

Susan McGeorge, Manager \_\_\_\_\_ 12-22-2014  
Permittee Signature Permittee Signature Date

State of: Washington

County of: Spokane

Signed and sworn to (or affirmed) before me on this 22<sup>ND</sup> day of DECEMBER, 2014.

Ronald J. Gillies  
Signature

RONALD J. GILLIES  
Printed Name

RONALD J GILLIES  
NOTARY PUBLIC  
STATE OF WASHINGTON  
COMMISSION EXPIRES  
MAY 26, 2016

\_\_\_\_\_  
Title  
5/26/2016  
My Appointment Expires

ECY 040-1-26 (Rev 05-2014) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.