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JUL 29 2014

Department of Ecology
Reviewed by:
Eastern Regional Office



Water Resources Program PROOF OF APPROPRIATION OF WATER

PERMIT NUMBER SR 0652 P	CHANGE APPROVAL NUMBER
NAME OF PERMITEE OF APPROPRIATION MARGARET WILLIAMS	CONTACT NAME (IF DIFFERENT)
MAILING ADDRESS (STREET) 1857 B Hwy 25 N	CITY EVANS
STATE WA	ZIP CODE 99126
PHONE NUMBER (509) 710-9564	FAX NUMBER () -

SOURCE(S) OF WATER Upper Lake Roosevelt 560' Nam 3660' W of Section 22 T37N R 38EWM	LOCATION OF SOURCE(S)												
	<table border="1"> <tr> <th>NO.</th> <th>¼</th> <th>¼</th> <th>SECTION</th> <th>TOWNSHIP N.</th> <th>RANGE, (E/W)M</th> </tr> <tr> <td></td> <td></td> <td></td> <td>22</td> <td>37</td> <td>38</td> </tr> </table>	NO.	¼	¼	SECTION	TOWNSHIP N.	RANGE, (E/W)M				22	37	38
NO.	¼	¼	SECTION	TOWNSHIP N.	RANGE, (E/W)M								
			22	37	38								
LIST ALL PURPOSES WATER IS USED FOR: Lawn and garden irrigation													
DATE WATER WAS COMPLETELY APPLIED TO BENEFICIAL USE	TIME OF YEAR WATER IS USED: <input type="checkbox"/> Continuous/Year round <input checked="" type="checkbox"/> Seasonal												
	IF SEASONALLY, LIST THE START AND END DATE Start: June End: Oct												
DESCRIBE HOW CONSTRUCTION AND DEVELOPMENT RELATED PROVISIONS (AS REQUIRED BY PERMIT) HAVE BEEN OR ARE TO BE MET (USE ADDITIONAL PAPER IF NECESSARY)													

DESCRIPTION OF SPECIFIC AREA ON WHICH WATER IS BENEFICIALLY USED (USE ADDITIONAL PAPER IF NECESSARY)

NO. 1969410	¼ SE ¼	¼ SW ¼	SECTION 22	TOWNSHIP N. 37N	RANGE, (E/W)M 38
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PHYSICAL WITHDRAWAL OR DIVERSION INFORMATION

Point of Diversion/Withdrawal Tax Parcel #: _____

For Pump Designed Water System Information:

TYPE OF PUMP: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other _____			
MAKE Grundfos	MODEL # 9239	SERIAL # PC 10807-12	HORSEPOWER 0.75
MOTOR	BHP	SPEED	RPM 3450
<input checked="" type="checkbox"/> Water lubricated <input type="checkbox"/> Oil Lubricated			
BOOSTER PUMP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BREAK HORSEPOWER	PRESSURE	OPEN DISCHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PUMP DISCHARGE HEAD PRESSURE 100 psi	DISCHARGE PIPE DIAMETER 1.25 in		

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

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

PUMP SETTING (DEPTH)	STATIC WATER LEVEL feet below land surface	DYNAMIC (PUMPING) LEVEL feet below land surface
ACCESS PORT INSTALLED? <input type="checkbox"/> Yes	AIRLINE INSTALLED? <input type="checkbox"/> Yes	AIRLINE LENGTH Fl.

For Non-Pump Designed Water Systems

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

Accept PA
Request Cert. Fees
Jmcc
7/30/2014

USE OF WATER FOR:

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

TYPE OF SYSTEM <i>Lawn Irrigation</i>	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 <i>0.5</i>	TYPE OF CROP(S) <i>Lawn/garden</i>

2. Municipal or Domestic Supply

NUMBER OF DOMESTIC UNITS CURRENTLY SERVED:	NUMBER OF DOMESTIC UNITS TO BE SERVED	POPULATION CURRENTLY SERVED
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ALSO, provide the following information, if applicable:

- Department of Health public water system identification number.
- Map of the delivery system (provide copy if water system is done)
- 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. *parcel # 1969410 Tax #12 (SP-26-89-1)*
- Other incidental beneficial uses associated with the domestic supply (Non-Municipal Users).

3. Industrial or Commercial

TYPE OF INDUSTRY OR COMMERCIAL PROCESS
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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) <i>West side of parcel</i>		
MAKE <i>DLS meter</i>	SERIAL NUMBER <i>11 015946</i>	INSTALLATION DATE <i>July 2013</i>	INSTALLED BY: <i>owner</i>
METER READING <i>80,570</i>	DATE <i>July 28, 2014</i>		

*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 <i>.02</i>	ACRE FEET PER YEAR <i>0.5</i>	GALLONS PER MINUTE	TOTAL GALLONS PER YEAR
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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, MARGEE WILLIAMS and _____ do certify that I/we have
(Please Print) (Please Print)
 completed appropriation of water under Water Right Permit or approved water right change number, _____.
 This notice and attached documents are true and accurate statements and describe and support my/our assertion that I/we have satisfied the terms of the permit/change in compliance with the law.
Margaret Williams 7/28/2014
Permittee(s) Signature Permittee(s) Signature Date

State of: Washington
 County of: Stevens } §

Signed and sworn to (or affirmed) before me on this 28th day of July 2014



TERRI OWENS
(Signature)
TERRI E. OWENS
(Printed Name)
Notary Public
(Title)
 My appointment expires: June 4, 2017