



# Application for a Water Right Permit

**RECEIVED**  
For Ecology Use

(Date Stamp)  
**OCT 16 2015**

Department of Ecology  
Eastern Regional Office

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION FOR THE FOLLOWING:

- GROUND WATER       SURFACE WATER       PERMANENT  
 SHORT TERM       TEMPORARY

NO FEE REQUIRED FOR THE FOLLOWING:

- DROUGHT       COST REIMBURSEMENT

Follow the attached instructions. Attach additional sheets as necessary.

## Section 1. APPLICANT

I have participated in a pre-application conference with Ecology.

Applicant/Business Name: Town of Creston	Phone No: (509) 636-3145	Other No: (509) 636-3150
Address: 100 Creston Ave		
City: Creston	State: WA	Zip: 99117
Email Address (if available): townofcreston@centurytel.net		

Contact Name (if different from above): Blake Angstrom - Mayor	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (if available):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Town of Creston	Phone No: (509) 636-3145	Other No: (509) 636-3150
Address: 100 Creston Ave		
City: Creston	State: WA	Zip: 99117
Email Address (if available): townofcreston@centurytel.net		

For Ecology Use	APPLICATION NO: <b>63-30746</b>	SEPA: <input checked="" type="checkbox"/> Exempt / <input type="checkbox"/> Not Exempt
	Fee Paid: <b>50.00</b>	Check No: _____ ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By <b>KT</b>	Priority Date <b>10-16-2015</b>
Pre-application interviewer:		<b>43; Lincoln</b>
		<b>6744672</b>

## Section 2. STATEMENT OF INTENT

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

Briefly describe the purpose of your proposed project: Creston needs additional instantaneous water rights to pump both its existing wells. Creston has filed change applications to existing water rights to consolidate the rights at the current points of withdrawal.

Anticipated length of time to complete your project: no time needed, bringing existing pumping rates into compliance

**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)		
Municipal Supply		200	0	Continuously
<b>TOTAL:</b>				

### 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)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: <u>varies</u>
Tributary to: _____	Number of proposed points of withdrawal: <u>2</u>
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. <u>AFA203, ABR210</u>

**C.) Point of Diversion/Withdrawal – Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
0209000000000	SE	NW	15	26N	34E	Lincoln
Lot(s)	Block(s)		Subdivision			
N/A	N/A		N/A			

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
0207999001150	NE	SW	10	26N	34E	Lincoln
Lot(s)	Block(s)		Subdivision			
N/A	N/A		N/A			

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.*

**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.**

Area served by the Town of Creston water system; see attached exhibit.

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¼	¼	Section	Twp.	Range	County	Parcel No.
					Lincoln County	

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: 543-D, 544-D, G3-266

**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): Creston's water system has two groundwater wells with approximate capacities of 300 gpm and 600 gpm.

The distribution system piping consists of water mains ranging in size from 2" to 12". Creston has two concrete reservoirs with a total volume of approximately 500,000 gal. The Town has one pressure zone.

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**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**  
 (Complete A or B, and C below)

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____  Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Present population to be served water: Approx 255 _____  Estimate future population to be served: Approx 311 _____ (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 11 / 14 / 08 Water System Number: 16150U

Name of water system: Town of Creston

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: \_\_\_\_\_

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## Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

### Irrigation

Total number of acres requested to be irrigated under this application = N/A ACRES

NOTE: Outline the area to be irrigated on your attached map.

### Stockwater

List number and kind of stock: N/A

Is the proposed project for a dairy farm?  YES  NO

### Other Proposed Farm Uses

Describe all proposed uses: N/A

### Family Farm Water Act (RCW 90.66):

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

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

### 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: N/A

**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: From Spokane head west on Highway 2 until you reach the Town of Creston  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Address: The north well is located at the corner of Maib St and Jump St. The South well is located adjacent to the Town's reservoirs at the southernmost extension of Creston Ave behind the school. Town hall is located at 100 Creston Ave, Creston, WA 99117.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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.

Cheyne Odenrider - Mayor Pro-Tem

\_\_\_\_\_  
 Print Name  
 (Applicant or authorized representative)

Cheyne Odenrider  
 Signature

10-15-15  
 Date

\_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Please check the region in which the project is located:**

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY                  CASHIERING SECTION                  PO BOX 47611                  OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

