



State of Washington  
Department of Ecology  
**Application for Permit to Use  
Artificially Stored Ground Water**

**RECEIVED**  
JUN 20 2011

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

(Gray boxes for Ecology use only)

Application No. <b>QB-1621A</b>	WRIA <b>41</b>	County <b>Grant</b>	Priority Date <b>6-20-21</b>	Accepted <b>TRUF</b>
Applicant's Name <b>Pelican Point Water Company</b>			Telephone Number <b>509-765-3608</b>	
Address (Street) (Zip Code) <b>P.O. Box 458</b>		(City) <b>Moses Lake, WA</b>	(State) <b>98837</b>	
Date and Place of incorporation (if applicant is a corporation) <b>04-04-2007</b>				
<b>Point of Withdrawal</b>				
Source (Well, tunnel, infiltration trench, etc.) <b>Ground Water Wells S02 and S03</b>				
Times during year water will be required <b>Continuous</b>	Maximum gallons per minute <b>600</b>		Maximum acre-feet per year <b>175</b>	
Approximate location of withdrawal <b>S02 - 47°5'04"N; 119°17'35.5"W</b>				
<b>S03- 47°4'48"N; 119°17'25"W</b>				
Located within (smallest legal subdivision) <b>NE1/4 AND SE1/4 OF NW 1/4</b>	Section <b>03</b>	Township N. <b>18</b>	Range (E. or W.) <b>W.M. 28</b>	County <b>GRANT</b>
Do you own the land on which this source is located? If not, insert name and address of owner. <b>No</b>				
<b>Place of Use Recorded Platted Property</b>				
Lot <b>N/A</b>	Block <b>N/A</b>	Of (Give name of plat or addition) <b>Pelican Point Water Company Service Area</b>		
If irrigation, number of acres		If domestic, number of homes or units and type (residential, recreation, etc.) <b>Domestic use for up to 350 residences</b>		
<b>Legal Description of Property (on which water is to be used)</b>				
<small>Copy legal description from deed or attach copy of deed. Tax statement descriptions are not acceptable. Also outline this property on the maps or plats submitted with this application.</small>				
<b>See attached Pelican Point Water Service area map and description of service area.</b>				

(Continue on Reverse Side)

Are there any existing water rights appurtenant to the land on which the water is to be used?	Yes	No
If yes, from what source and under what authority?		
<b>Type of System Proposed</b>		
State Department of health approved water system. Including installed pumps, distribution mains, and storage reservoirs to serve approved lots.		
<b>Remarks</b>		

Signatures

*Jill B. Goodrich*  
Applicant's Signature

*Jill B. Goodrich*  
Legal Landowner's Signature

*9592 Baseline .5 SE*  
Legal Landowner's Address

*Moses Lake WA. 98837*

For Ecology Use Only

State of Washington }  
 Department of Ecology }      ss.

This is to certify that I have examined the foregoing application together with the accompanying maps and data, and return the same for correction or completion as follows:.....

In order to retain its priority, this application must be returned to the Department of Ecology with corrections, on or before.....,20.....  
 Witness my hand this.....day of.....,20.....

.....  
 Department of Ecology