



Water Resources Program Application for a Water Right Permit

For Ecology Use
(Date Stamp)
RECEIVED
JAN 26 2012
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

SURFACE WATER GROUND WATER PERMANENT

TEMPORARY SHORT TERM DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

Applicant/Business Name: ROBERT I LANG	Phone No: 509-926-5230	Other No: 509-995-4370
Address: E. 8104 S. RIVERWAY		
City: SPOKANE VALLEY	State: WN.	Zip: 99212
Email Address (optional): BJLANG@AOL.COM		

Contact Name (if different from above): SAME	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: SAME AS ABOVE	Phone No:	Other No:
Address: LOTS 2-3-4-5 CUNNINGHAM SUB DIVISION - BEAD LAKE, WA		
City: SEE ATTACHED	State:	Zip:
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: **WATER FOR PROPOSED CABIN** ^{REC.}

Anticipated length of time to complete your project: **1 YEAR**

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 checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
CABIN USE	? .02		? 1	SEASONAL
TOTAL:				

*Per phone conv. w/ Mr. Lang
1-31-2012*

For Ecology Use	APPLICATION NO: S3-30659	SEPA: <input checked="" type="radio"/> Exempt / <input type="radio"/> Not Exempt
	Fee Paid: 50.00 Check No: 1479	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 1-26-2012 By KT WRIA: 62

5117869

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

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
453204519076-77-78-79		NW¼	4	33	45 E	PEND OREILLE
2-3-4-5	Block(s)	Subdivision				
	Blocks 2	CUNNINGHAM				

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
SEE ATTACHED		NW¼	4	32	45 E	Pend Oreille
	Block(s)	Subdivision				

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.

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

Provide the owner name(s), address, and phone number: _____

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.

SEE ATTACHED

¼	¼	Section	Twp.	Range	County		Parcel No.

For Ecology Use	APPLICATION NO: _____ Fee Paid: _____ Check No: _____ SEPA: Exempt/Not Exempt ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By: _____ Priority Date: _____ By: _____ WRIA: _____

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: _____

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.

SEE ATTACHED 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): PUMP TO PROSSURE TANK

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: <u>1</u>	Present population to be served water: _____
Type of connections: <u>REC. CABIN</u> <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

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

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: END OF CUNNINGHAM ROAD
WEST SIDE OF BEAD LAKE

Site Address: SEE ATTACHED MAP - FOR LOTS 2-3-4-5

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.

ROBERT I LANG
 Print Name
 (Applicant or authorized representative)

Robert I. Lang
 Signature

1-25-12
 Date

Joan M Lang
 Print Name
 (Legal Owner or Part Owner Place of Use)

Joan M. Lang
 Signature

1-25-12
 Date

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

 Signature

 Date

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

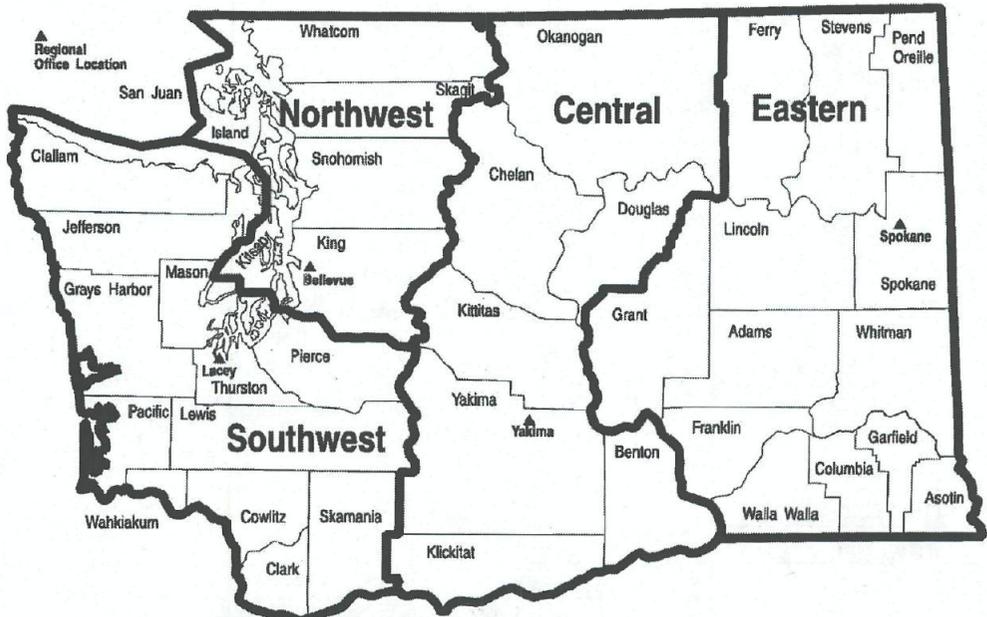
 Signature

 Date

Please check the region in which the project is located:

<p>*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th 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.



PUBLIC WATERS TO BE APPROPRIATED

SOURCE

Bead Lake AND OR UNNAMED CREEK (SEE MAP)

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND 0.02	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE FEET PER YEAR 0.50
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QUANTITY, TYPE OF USE, PERIOD OF USE

0.02 cubic foot per second, 0.50 acre-foot per year, continuously, for single domestic supply and irrigation of 1/10 acre.

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION-WITHDRAWAL

1380 feet south and 650 feet east from the NW corner of Section 4.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION) NW¼ (Gov't Lot 4)	SECTION 4	TOWNSHIP N. 32	RANGE, (E. OR W.) W.M. 45 E.	W.R.I.A. 62	COUNTY Pend Oreille
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RECORDED PLATTED PROPERTY

LOT 2	BLOCK 2	OF (GIVE NAME OF PLAT OR ADDITION) Cunningham's Bead Lake Homestead Addition
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LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

Lot 2, Block 2 of Cunningham's Bead Lake Homestead Addition located in Section 4, Township 32 North, Range 45 E.W.M.

ALSO FOR LOTS 3-4+5 SAME LEGAL DESCRIPTION

Lots 2, 3, 4 & 5, Block 2 of