

**Water Resources Program**  
**Application for a Water Right Permit**

For Ecology Use  
 (Date Stamp)

**RECEIVED**  
**APR 30 2012**

DEPARTMENT OF ECOLOGY  
 EASTERN REGIONAL OFFICE

Follow the attached instructions. Attach additional sheets as necessary.

- GROUND WATER  SURFACE WATER
- PERMANENT  SHORT TERM  TEMPORARY
- DROUGHT

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

**Section 1. APPLICANT**

Applicant/Business Name: <b>R. Steven &amp; Karen R. Heaps</b>	Phone No: <b>(509) 924-9229</b>	Other No: <b>509 951-8211</b>
Address: <b>17511 E Montgomery Ave.</b>		
City: <b>Spokane Valley</b>	State: <b>WA</b>	Zip: <b>99016</b>
Email Address (optional): <b>steveheaps@comcast</b>		

Contact Name (if different from above):	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: <b>SAME</b>	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (optional):		

**Signatures are required. See page 7.**

For Ecology Use	APPLICATION NO: <b>S3-30003</b>	SEPA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt
	Fee Paid: <b>\$50.00</b> Check No: <b>7398</b>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <b>4-30-2012</b> By <b>KRYF</b> WRJA <b>62</b> <b>Kaitlyn Prime</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:

Single domestic supply w/pump from Lake

Anticipated length of time to complete your project: 3 years

**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)		
<u>Domestic supply</u>	<u>0.02</u>		<u>1</u>	<u>continuous</u>
<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 checked="" type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>Bead Lake</u> Tributary to: _____ Number of proposed diversion points: <u>1</u> 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
	SW	NW	4	32N	45EWM	Pend Oreille
Lot(s)	Block(s)		Subdivision			
57-58	1		Cunningham Addition			

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
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

1900 feet ( North/ South) and 950 feet ( East/ West)  
 from the (NW SW NE SE \_\_\_\_\_) corner of Section 4

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.

Lots 57-58 of Cunningham Bend Lake Homestead Addition

¼	¼	Section	Twp.	Range	County	Parcel No.
		4	32	45	Pend Oreille	

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.

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Single pump in lake & small line to house

**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: _____	Present population to be served water: _____
Type of connections: _____ <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?  YES  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?  YES  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.

**Stockwater**

List number and kind of stock:



Is the proposed project for a dairy farm?  YES  NO

**Other Proposed Farm Uses**

Describe all proposed uses:

**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:

see attachment -

Site Address:

**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.

R. Steven Heaps

Print Name  
(Applicant or authorized representative)

[Signature]

Signature

4/30/12  
Date

Karen R. Heaps

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

[Signature]

Signature

4/30/12  
Date

R. Steven Heaps

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

[Signature]

Signature

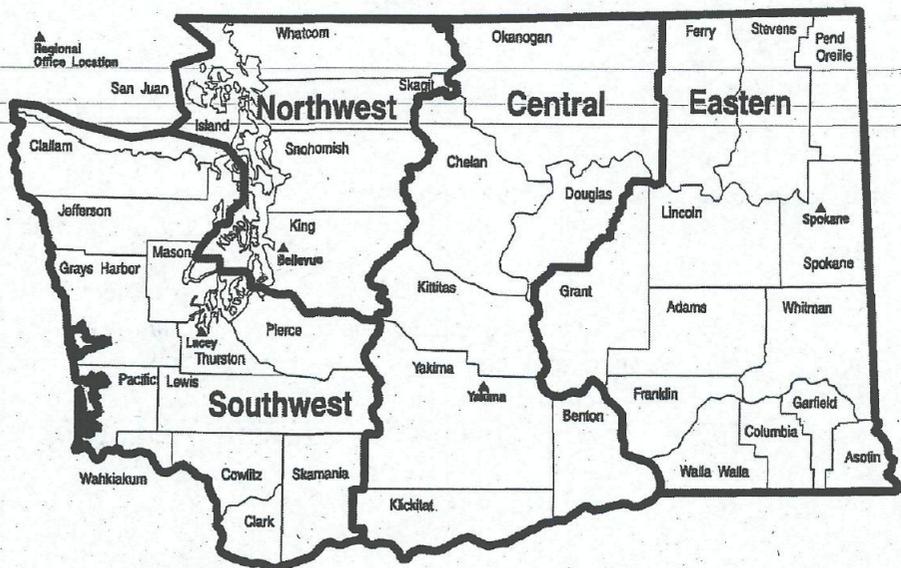
4/30/12  
Date

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 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (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 need this document in an alternate format, please call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

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



Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

**Section 9. DIRECTIONS TO HEAPS' CABIN**

Coming from Spokane, drive through Newport, cross the bridge over the Pend Oreille River and immediately take a sharp left going north on LeClerc Creek Rd. After about 2 miles, just past Pioneer Park right at the little pond take a right up the steep hill on the Bead Lake Rd. Continue on Bead Lake Rd, and do not turn right toward Marshall Lake, but continue another mile or so until Indian Creek Rd intersects from the left with Bead Lake Rd. Continue up the hill to the right (do not turn left on Indian Creek Rd) for another maybe 2+ miles through a clear-cut that is growing back. The road curves to the right through the clear cut, then to the left up a hill and at the top of the hill will be a road to the right up the hill and a road next to it which will have a bunch of signs with cabin-owners' names. That is Bead Lake Drive. Do not turn on it but continue straight ahead on Bead Lake Road for another 3/4 mile where Bead Lake Dr. will come out the other end after it circles around. Bear left and go a couple of hundred yards and then turn right onto Cunningham Rd. As soon as you turn right, look to the left up in a tree and you will see a sign that says "NO LAKE ACCESS". Continue another 200-300 yards and bear left where you will see a sign that says something like "PRIMITIVE ROAD". Go up the short hill on the very steep, rutted road and as you go around the corner to the left, you will come to a locked gate. Our cabin is .6 miles in on this road past the gate. It is the third cabin from the end of the road and has a green metal roof. Whoever is coming out will need to call us first so that we can be there to unlock the gate. We can be reached at (509) 924-8229 or (509) 951-8216. Please leave a message on both phones if you do not reach us the first time.

Thanks, Steve and Karen Heaps

*also see attached map*

We are returning your application for the following reason(s):	
____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_