



**Water Resources Program
PROOF OF APPROPRIATION OF WATER**

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JAN 14 2013

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Reviewed by:

PERMIT NUMBER 53-28024	CHANGE APPROVAL NUMBER 24		
NAME OF PERMITTEE Karen C. Watson			
CONTACT NAME (IF DIFFERENT)			
MAILING ADDRESS (STREET) 2004 Carl Street	(CITY) Walla Walla	(STATE) WA	(ZIP CODE) 99362
PHONE NUMBER (509) 525-0380	FAX NUMBER ()		

SOURCE(S) OF WATER Yellowhawk Creek	LOCATION OF SOURCE(S)				
	NO. 1	¼ NE	¼ SW	SECTION 27	TOWNSHIP N. 07N
LIST ALL PURPOSES WATER IS USED FOR: Irrigation					
DATE WATER WAS COMPLETELY APPLIED TO BENEFICIAL USE 5/2005	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: May End: October		
DESCRIBE HOW CONSTRUCTION AND DEVELOPMENT RELATED PROVISIONS (AS REQUIRED BY PERMIT) HAVE BEEN OR ARE TO BE MET (USE ADDITIONAL SHEET OF PAPER IF NECESSARY) water meter + fish screen					

DESCRIPTION OF SPECIFIC AREA ON WHICH WATER IS BENEFICIALLY USED(USE ADDITIONAL SHEET OF PAPER IF NECESSARY) Lot 5 Block 5 E Walla Walla Addition					
NO.	¼ NE	¼ SW	SECTION 27	TOWNSHIP N. 07N	RANGE, (EW)M 36EWM

PHYSICAL WITHDRAWAL OR DIVERSION INFORMATION

Point of Diversion/Withdrawal Tax Parcel #: **360727530508**

For Pump Designed Water System Information:

TYPE OF PUMP: Submersible Turbine Centrifugal Other _____

MAKE STA-RITE	MODEL # D53HF-01	SERIAL #	HORSEPOWER 1 1/2 HP
MOTOR C48L2EC15	BHP	SPEED	RPM 3450
<input type="checkbox"/> Water lubricated <input type="checkbox"/> Oil Lubricated			
BOOSTER PUMP <input type="checkbox"/> Yes <input type="checkbox"/> No	BREAK HORSEPOWER	PRESSURE	OPEN DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No
PUMP DISCHARGE HEAD PRESSURE psi	DISCHARGE PIPE DIAMETER		

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 Ft.

For Non-Pump Designed Water Systems

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

Accept: P.A. / ok For Proof Exam
Chkd By: DT Date: 1/22/2012

USE OF WATER FOR:

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

TYPE OF SYSTEM underground sprinklers	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 1	TYPE OF CROP(S) yard + home garden

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).
- 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 type="checkbox"/> Yes <input type="checkbox"/> No	LOCATION OF METER(S) OR MEASURING DEVICE(S)		
MAKE Badger	SERIAL NUMBER 48989395	INSTALLATION DATE 5/2005	INSTALLED BY: Eric Tiedeman
METER READING 3729.460	DATE 12/18/12		

*Include copy of meter specifications

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	ACRE FEET PER YEAR	GALLONS PER MINUTE	TOTAL GALLONS PER YEAR
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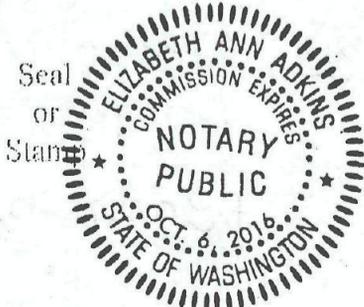
If the existing water use as indicated by meter data, etc., is less than you anticipate to be the full extent of the water right which you are reporting through submission of this form, please explain on a separate sheet.

I, Karen C. Watson, do certify that I have completed appropriation of water under Water Right Permit or approved water right change number, 24. This notice and attached documents are true and accurate statements and describe and support my assertion that I have satisfied the terms of the permit/change in compliance with the law.

Karen C. Watson _____ 12/20/12
 Permittee(s) Signature Date

State of Washington
 County of Walla Walla

Signed and sworn to (or affirmed) before me on 12/20/12 by Elizabeth Ann Adkins



Elizabeth Ann Adkins
 (Signature)
Notary Public
 (Title)

My appointment expires Oct. 6, 2016