



## State of Washington Application for a Water Right Permit

SURFACE WATER     GROUND WATER  
 Permanent     Temporary     Short Term

For Ecology Use  
(Date Stamp)

*Follow the attached instructions. Attach additional sheets as necessary.*

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO  
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

### Section 1. APPLICANT

Applicant/Business Name: <b>EATONVILLE NURSERY</b>	Phone No: <b>360-832-4345</b>	Other No:
Address: <b>10415 CAMPBELL LN.</b>		
City: <b>EATONVILLE,</b>	State: <b>WA,</b>	Zip: <b>98328</b>
Email Address (optional):		

Contact Name (if different from above): <b>DAVE SCHAETLER</b>	Phone No: <b>253-370-8055</b>	Other No:
Relationship to Applicant: <b>OWNER</b>		
Address: <b>SAME</b>		
City:	State:	Zip:
Email Address (optional):		

DEPT OF ECOLOGY  
FISCAL BUDGET  
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### Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: to facilitate the diversification of Eatonville Nursery by changing hay land to higher value crops.

Anticipated length of time to complete your project: 20 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 type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
FIELD IRRIGATION	100		20	SEASONAL
<b>TOTAL:</b>	100		20	

**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: \_\_\_/\_\_\_/\_\_\_

For Ecology Use	APPLICATION NO. <b>S2-30515</b>	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No. _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned: _____	By: _____	Priority Date: <b>3/12/09</b> By: <b>8</b> WRIA: <b>11</b>



**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 checked="" type="checkbox"/> Other: <u>PONDS, PEAT BOG</u> Source Name: _____ Tributary to: _____ Number of proposed diversion points: <u>2</u> Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input 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
CA16102700	NW	SW	10	16N	4E	PIERCE
Lot(s)	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 \_\_\_\_\_.

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:

\_\_\_\_\_ 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 ATTACHMENT						
¼	¼	Section	Twp.	Range	County	Parcel No.

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): \_\_\_\_\_

We plan to pump water from a stock pond up to a distance of 1200' to irrigate a variety of crops. Some will be drip irrigated and some by sprinklers. The field is a peat bog that has been in hay and pasture since the 1880's. The pond is for getting started. As we develop more of the field we intend to pump out of the canal that runs the length of the field. There are also four other ponds that could be added to the system as needed. Our first crops will be test plots. I have a submersible 1 1/2 horse pump that will be adequate for a few years. We'll make more decisions on pumps/equipment as they are required.

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 = 10 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 EATONVILLE DRIVE NORTH  
ON SR-161 2 1/2 MILES TO CAMPBELL LN. TURN RIGHT  
(EAST) PROCEED .4 MILES TO THE END OF THE ROAD.  
OUR HOUSE IS ON THE LEFT.

Site Address: 10415 Campbell Lane, Eatonville, WA 98328

**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.

DAVE SCHACTLER  
 Print Name  
 (Applicant or authorized representative)

Dave Schactler  
 Signature

3-8-09  
 Date

\_\_\_\_\_  
 Print Name  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Signature

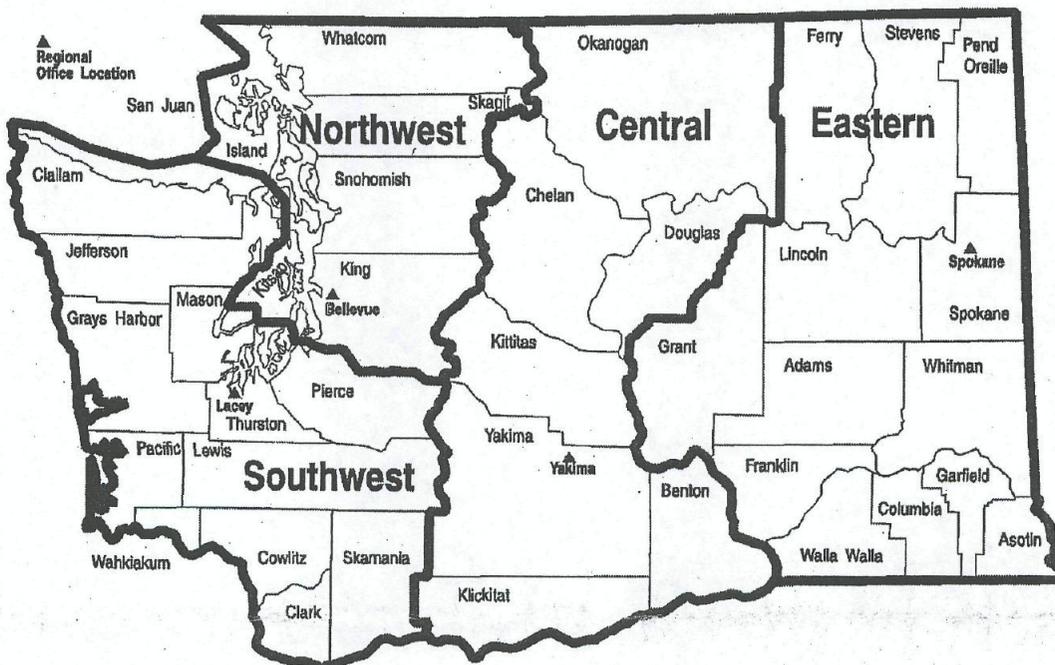
\_\_\_\_\_  
 Date

Submit your application to: DEPARTMENT OF ECOLOGY  
 CASHIERING SECTION  
 PO BOX 5128  
 LACEY WA 98509-5128

Please check the region in which your proposed project is located.

- Southwest  Northwest  Central  Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341