DEPARTMENT OF ECOLOGY
State of Washington

Application for a Water Right Permit

For Ecology Use (Date Stamp)
RECEIVED
SEP 18 2014
DEPT OF ECOLOGY
NWRO - WR

Follow the attached instructions. Attach additional sheets as necessary.

☐ GROUND WATER ■ SURFACE WATER ☐ DROUGHT
☐ PERMANENT ☐ SHORT TERM ☐ TEMPORARY

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

Section 1. APPLICANT

☐ **I have participated in a pre-application conference with Ecology.**

Applicant/Business Name: Harold Beumel	Phone No: 206-852-9530	Other No:
Address: PO Box 8570		
City: Bend	State: OR	Zip: 97708
Email Address (if available):		

Contact Name (if different from above): Jackie Chriest	Phone No: 360-422-5200	Other No:
Relationship to Applicant: consultant		
Address: 33688 Bamboo Lane		
City: Mount Vernon	State: WA	Zip: 98274
Email Address (if available): jackiechriest@gmail.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Harold Beumel	Phone No: 206-852-9530	Other No:
Address:		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: 81-28790 SEPA: Exempt/Not Exempt Fee Paid: 50- Check No: 1203 ECY Coding: 001-001-WR1-0285-000011
Date Returned ____ By ____	Priority Date 9/18/14 By DB WRIA: 5
Pre-application interviewer:	

ECY 040-1-14 (Rev 05-2014) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

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: To provide a permanent water source to home.

Anticipated length of time to complete your project: n/a

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) ☑ Cubic Feet per Second (CFS) ☐ Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic, Single Family	0.011		Continuously
TOTAL:			

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
☐ Spring ☐ Creek ☐ River ■ Lake ☐ Other:	☐ Well(s) ☐ Other:
Source Name: Lake Cavanaugh	Well diameter & depth:
Tributary to: Stillaguamish	Number of proposed points of withdrawal:
Number of proposed diversion points: 1	Do you have an existing well? ☐ YES ☐ NO
Do you have an existing diversion? ■ YES ☐ NO	If available, attach Water Well Report and pump test. Well Tag ID No.

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C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
66392	NE	NW	26	33	6E	Skagit

Lot(s)	Block(s)	Subdivision
100	1	Lake Cav Sub Div 1

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.

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.

¼	¼	Section	Twp.	Range	County	Parcel No.
NW	NE	26	33	6E	Skagit	66392

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.

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Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Existing 1 1/4 polybutelene line extends out into the lake 150'. Foot valve on end of water line approximately 15' above lake bottom. Equipment: 1/2 hp jet pump, 5 micron particulate filter, utraviolet lilght bacteria disinfection, expansion 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** *(defined under RCW 90.03.015)*
Projected number of connections to be served: 1	Present population to be served water:
Type of connections: Home *(e.g., home, recreational cabin)*	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:_____

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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: _____

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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: Lake Cavanaugh Road to North Shore

_____

_____

_____

_____

_____

Site Address: 34238 North Shore Drive Mount Vernon WA 98274

_____

_____

_____

_____

_____

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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.

Print Name (Applicant or authorized representative)	Signature	Date
Jackie Chriest		9-12-14
Hal Beumel		9/4/14

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

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

Signature

Date

Please check the region in which the project is located:

***Submit your application to:**		
DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 -3463 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	■ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ 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.

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