



Application for a Water Right Permit

For Ecology Use
(Date Stamp)

15 SEP 23 18:37

DEPT. OF ECOLOGY
FILED IN 2100011

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION FOR THE FOLLOWING:

- GROUND WATER SURFACE WATER PERMANENT
 SHORT TERM TEMPORARY

NO FEE REQUIRED FOR THE FOLLOWING:

- DROUGHT COST REIMBURSEMENT

Follow the attached instructions. Attach additional sheets as necessary.

Section 1. APPLICANT

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

Applicant/Business Name: Eric Chrisinger/Alice Krehbiel	Phone No: 206 818 8856	Other No: 206 6128447
Address: 9332 45th Ave SW		
City: Seattle	State: WA	Zip: 98136
Email Address (if available): ericchrisinger@att.net		

Contact Name (if different from above): Jackie Christ	Phone No: 360 422 5200	Other No: 360 941 2932
Relationship to Applicant: Agent		
Address: 33688 Bamboo Lane		
City: Mount Vernon	State: WA	Zip: 98274
Email Address (if available): jackiechrist@gmail.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: same as applicant	Phone No:	Other No:
Address:		
City:	State:	Zip:
Email Address (if available):		

For Ecology Use	APPLICATION NO: <u>51-28804</u>	SEPA: <u>Exempt</u> /Not Exempt
	Fee Paid: <u>50-</u> Check No: <u>7768</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned: <u>9/23/15</u>	By: <u>[Signature]</u>	Priority Date: <u>9/23/15</u> By: <u>[Signature]</u> WRIA: <u>5</u>
Pre-application interviewer:		

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 water source for single family residence

Anticipated length of time to complete your project: _____

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 checked="" type="checkbox"/> Gallons per Minute (GPM)		
Domestic Single Family Residence	0.011/5 gallons per minute		0.168 (54,750 gal/yr)	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
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>Lake Creek</u> Tributary to: <u>Stilliguamish</u> 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
P66405		NE	26	33	06	Skagit
Lot(s)	Block(s)		Subdivision			
8	3		Lake Cavanaugh 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.

LAKE CAVANAUGH SUB DIV 1 LOT 8 BLK 3						
¼	¼	Section	Twp.	Range	County	Parcel No.
		26	33	06	Skagit	P66405

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): Existing system is 1 1/4" polybutylene intake line to extend out into the lake approximately 150'. Foot valve on end of water line is approximately 15 feet above lake bottom. Equipment: 1/2 hp jet pump, 5 micron particulate filter, ultraviolet light 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 <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: 1 _____ Type of connections: Home _____ <i>(e.g., home, recreational cabin)</i>	Present population to be served water: _____ 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.

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: LAKE CAVANAUGH ROAD TO NORTH SHORE

Site Address: 34665 NORTH SHORE DRIVE, MOUNT VERNON WA 98274

Details for Parcel: P66405



Jurisdiction: SKAGIT COUNTY
 Skagit County - [Rural Village Residential](#)

Zoning Designation:

[Recorded Documents](#)
[Septic System](#)

Documents scanned and recorded by the Auditor's office
 Septic system information

Parcel Number P66405	XrefID 3937-003-008-0008	Quarter 01	Section 26	Township 33	Range 06
Owner Information CHRISINGER ERIC W & KREHBIEL ALICE 9332 45TH AVE SW SEATTLE, WA 98136	Site Address(es) 34665 NORTH SHORE DRIVE [Old Address: 3261B NORTH SHORE DR] Skagit County, WA (Jurisdiction, State) Zip Code Lookup Site Address Information	Map Links Open in iMap Assessor's Parcel Map: PDF DWF			

2014 Values for 2015 Taxes*	Sale Information	2015 Property Tax Summary
Building Market Value \$79,800.00	Deed Type WARRANTY DEED	2015 Taxable Value \$269,800.00
Land Market Value +\$190,000.00	Sale Date 2003-10-15	General Taxes \$3,643.90
Total Market Value \$269,800.00	Sale Price \$205,000.00	Special Assessments/Fees +\$88.01
Assessed Value \$269,800.00	Sale requires NRL disclosure (more info)	Total Taxes \$3,731.91
Taxable Value \$269,800.00		

* Effective date of value is January 1 of the assessment year (2014)

Legal Description [Definitions](#)

LAKE CAVANAUGH SUB DIV 1 LOT 8 BLK 3

*Land Use	(110) HOUSEHOLD SFR OUTSIDE CITY		WAC 458-53-030
Neighborhood	(22SWLAKE) SEDRO WOOLLEY LAKE DISTRICT WATERFRONT RESIDENTIAL		
Levy Code	2307	Fire District	F07
School District	SD101	Exemptions	
Utilities	PWR,SEP,WTR	Acres	0.41
Improvement 1 Attributes Summary			
Building Style	TWO STORY		
Year Built	1986	Foundation	
Above Grade Living Area	1,338 Square Feet	Exterior Walls	PLYWOOD
Finished Basement		Roof Covering	BAKED ENAMEL
*Total Living Area	1,338 Square Feet	Heat/Air Conditioning	NONE
Unfinished Basement		Fireplace	DIRECT VENT
*Total Garage Area		Bedrooms	1
Bathrooms			
For additional information on individual segments see Improvements tab			

* Land Use codes are for assessment administration purposes and do not represent jurisdictional zoning. Please contact the appropriate planning department in your jurisdiction for land use questions.

* Total living area includes above grade living area and finished basement area.

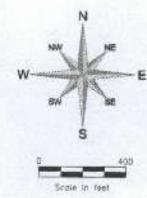
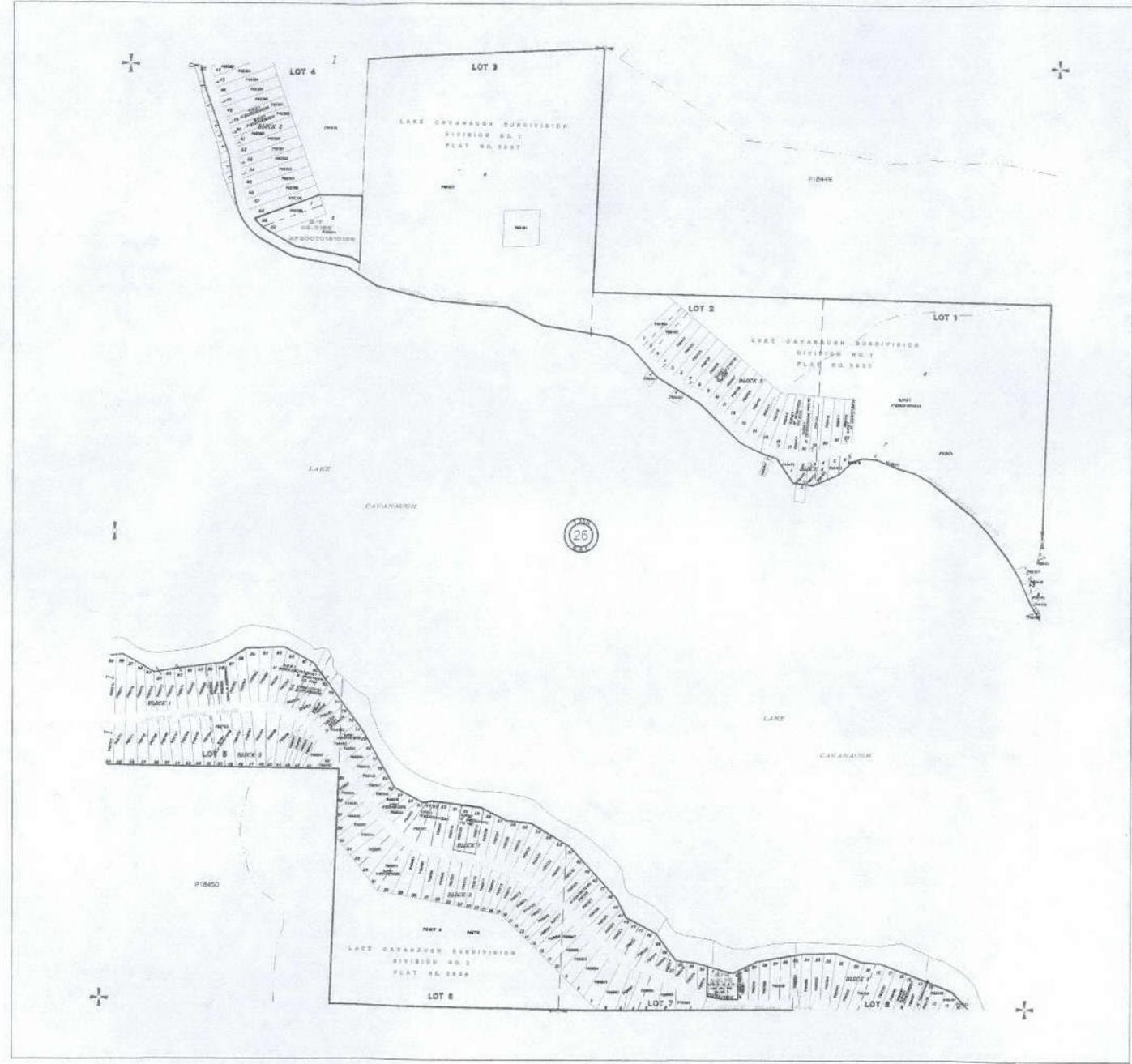
* Garage square footage includes all garage areas; basement garages, attached garages, detached garages, etc.

Assessment data for improvements is based on exterior inspections. Please contact the Assessor's office if the information does not accurately reflect the interior characteristics.

SKAGIT COUNTY

6	5	4	3	E	1
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36

T 33 N R 06 E



These maps were created from existing public records and existing map information, not from field surveys. Map features such as markers have been indicated to conform to best use information to the Department of Public Safety. While great care was taken in the creation of these maps, different sources may result in the creation of unprojected features. The relative availability of map features to use whether using any computerized digital map source without field ground inspection.

• THIS MAP IS NOT A SUBSTITUTE FOR FIELD SURVEY •

	DATE	INIT.
DRAWN BY	08-08-01	JB
REVISED	11/26/04	SP
PLOTTED	11/26/04	SP
MAP PRODUCED BY SKAGIT COUNTY MAPPING SERVICES		

Section 26
T 33 N R 06 E

SKAGIT COUNTY
iMap

Additional Maps

Legend

Layer List

- [County Boundary](#)
- [Townships](#)
- [Sections](#)
- [Address](#)
- [Tax Parcel Numbers](#)
- [Tax Parcels](#)
- [Pre Tax Account Property](#)

Search

Map Description



existing water line

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.

JACKIE CHRIEST

 Print Name
 (Applicant or authorized representative)

Jackie Chriest

 Signature

8-19-15

 Date

ERIC CHRISINGER

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

[Signature]

 Signature

8/31/2015

 Date

ALICE KREHBIEL

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

Alice Krehbiel

 Signature

9/2/15

 Date

Please check the region in which the project is located:

<p>*Submit your application to:</p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input type="checkbox"/> Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	<input checked="" 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.

