

Application for a Water Right Permit

For Ecology Use
(Date Stamp)

15 NOV 10 17:45

DEPT. OF ECOLOGY
BUDGET

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: Brian and Rebecca Ruddy	Phone No: 425-879-0910	Other No:
Address: 17808 31sts Drive SE		
City: Bothell	State: WA	Zip: 98012
Email Address (if available): bpruddy@gmail.com		

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: 51-28809	SEPA: Exempt/Not Exempt
Fee Paid:	Check No:	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By Department of Ecology 11/10/15	WRIA: 5
Pre-application interviewer: NOV 10 2015		

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 continuous source of water to cabin

Anticipated length of time to complete your project: completed

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 Sinle Family	0.011 CFS 5 gpm		Seasonally
TOTAL:	0.011 CFS 5 gpm		

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 Cavanaugh</u> Tributary to: <u>Stilliguamish</u> Number of proposed diversion points: <u>1</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. _____

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C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
66943		04	22	33	06	Skagit
Lot(s)	Block(s)		Subdivision			
171	1		Lake Cav Sub Div 3			

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 SUBDIVISION #3, BLOCK 1, LOT 171, TOGETHER WITH SECOND CLASS SHORELANDS AS						
CONVEYED BY THE STATE OF WA SITUATE IN FRONT OF, ADJACENT TO OR ABUTTING UPON LOT 171, BLOCK 1						
LAKE CAVANAUGH SUBDIVISION #3						
¼	¼	Section	Twp.	Range	County	Parcel No.
	04	22	33	06	Skagit	66943

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 that extends out into the lake approx. 150'. Foot valve on end of water line is approx. 15' 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: _____ _____ _____ _____	

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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 South Shore, 1 mile turn left on West Shore
property is almost at the end of West Shore.

Site Address: 33428 West Shore Drive Mount Vernon WA 98274

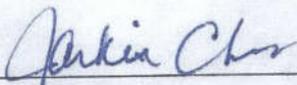
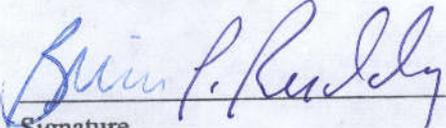
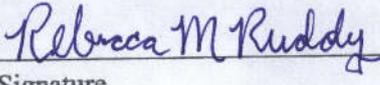
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Water Resources Program

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		10-14-15
Print Name (Applicant or authorized representative)	Signature	Date
Brian Ruddy		11-1-15
Print Name (Legal Owner or Part Owner Place of Use)	Signature	Date
Rebecca Ruddy		11-1-15
Print Name (Legal Owner or Part Owner Place of Use)	Signature	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.

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