8/30

Called

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DEPT. OF ECOLOGY

WASHINGTON STATE DEPARTMENT OF ECOLOGY

# State of Washington
# Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid 10 —
Date 8/28/01

## Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name JEFF VAN DATTA Home Tel: (360) 691 - 3022

Mailing Address 13602 278th DR. NE Work Tel: (425) 423 - 6308

City GRANITE FALLS State WA Zip+4 98252 + FAX: (~~425~~ 360) 691 - 4267

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ **Same as above**

Name _____ Home Tel: (____) ____ - _____

Mailing Address _____ Work Tel: (____) ____ - _____

City _____ State ____ Zip+4 _____ + _____ FAX: (____) ____ - _____

Relationship to applicant _____

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 2000 4.45 ( ☑ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☐ ground water source (check only one) for the purpose(s) of HYDROELECTRIC POWER GENERATION. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE.** (**See instructions**.) *NOTE: A tax parcel number or a plat number is not sufficient.*

Estimate a maximum annual quantity to be used in acre-feet per year: 2422 acre-feet/yr

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

## Section 4. WATER SOURCE

| If SURFACE WATER | If GROUNDWATER |
|---|---|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: BROOKE'S SPRING<br>Number of diversions: 1 (one) | A permit is desired for _____ well(s). |
| Source flows into (name of body of water): CANYON CREEK | Size & depth of well(s): |



Appl. No.: S1 - 28115

| LOCATION |
|---|
| Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 300' SOUTH, 250' EAST OF THE NORTHWEST CORNER OF SECTION 1. |

| ¼ of | ¼ of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Lot | Block | Subdivision |
| NW | NW | #1 | 30N | 7 EAST | SNOHOMISH | | | |
| | | | | | | | | |

For Ecology Use Date Received: 8/28/2001 Priority Date: 8/28/01

SEPA: ~~Exempt~~/Not Exempt FERC License # _____ Dept. Of Health # _____

Date Accepted As Complete 8/28/01 By D.S. Date Returned _____ By _____ WRIA: ~~7~~ 5

ABD 8/31/09

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (**See instructions.**)

HYDROELECTRIC TURBINE/GENERATOR TO BE PLACED NEAR NORTHWEST CORNER OF PROPERTY, WILL BE FED FROM SPRING APPROX. 250' SOUTHEAST. SMALL DAM (UNDER 10' IN HEIGHT) WILL BE CONSTRUCTED JUST BELOW SPRING TO COLLECT FLOW. CAPTURED FLOW ESTIMATED AT 1500 GPM. ESTIMATED HEAD IS 150 FT.

C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
PROVIDE DOCUMENTATION.

## Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
***(Completed for all domestic/public supply uses.)***

A. Number of "connections" requested: _____ Type of connection _____
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☐ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

## Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
***(Complete for all irrigation and agriculture uses.)***

A. Total number of acres to be irrigated: _____

B. List total number of acres for other specified agricultural uses:

Use _____ Acres_____
Use _____ Acres_____
Use _____ Acres_____

C. Total number of acres to be covered by this application: _____

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up 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;
‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
If yes, enter permit no:_____

E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

## Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? DAM LESS THAN 10 FT. ☒ YES ☐ NO

*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 apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.*

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Drive 7 miles east on Mountain Loop Hiway from Granite Falls. Turn left on 278th Dr. NE and go one mile to gate. Proceed through gate and take first left-hand turn (approx. 500' from gate). Site is 200 ft. down the hill from residence.

## Section 10. REQUIRED MAP

A. Attach a map of the project. **(See instructions.)**

## Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

**I certify that the information above 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 I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.**

Jeff VanDett
Applicant (or authorized representative)

9/26/01
Date

Same
Landowner for place of use (if same as applicant, write "same")

Date

**Use this page to continue your answers to any questions on the application. Please indicate section number before answer.**

| We are returning your application for the following reason(s): | |
|---|---|
| _____ Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 |
| Section number(s) is/are incomplete | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE |
| Explanation: | |
| *Please provide the additional information requested above and return your application by* _____ _____ *(date).* | |

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).