DEPARTMENT OF ECOLOGY
State of Washington

Water Resources Program
Application for a Water Right Permit

For Ecology Use
(Date Stamp)

11 DEC 30 A8:58

DEPT. OF ECOLOGY
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

☐ GROUND WATER ☒ SURFACE WATER

☒ PERMANENT ☐ SHORT TERM ☐ TEMPORARY

☒ DROUGHT

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

Section 1. APPLICANT

Applicant/Business Name: KRIS WALKER	Phone No: 208.322.3600	Other No:
Address: 1801 CHUCKANUT RIDGE DRIVE		
City: BOW	State: WA	Zip: 98232
Email Address (optional): KRIS @ OCEANID.COM		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: KRIS WALKER	Phone No: 208.322.3600	Other No:
Address: 1801 CHUCKANUT RIDGE DRIVE		
City: BOW	State: WA	Zip: 98232
Email Address (optional): KRIS @ OCEANID.COM		

Signatures are required. See page 7. 2011.12.28

For Ecology Use	APPLICATION NO: S1-28717 SEPA: Exempt/Not Exempt Fee Paid: 50- Check No: 3523 ECY Coding: 001-001-WR1-0285-000011
Date Returned ____ By ____	Priority Date 12/30/11 By [illegible] WRIA: 3

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:

DOMESTIC WATER SUPPLY - HOME CURRENT WELL IS FAILING - FIRE PROTECTION

Anticipated length of time to complete your project: 2-4 WEEKS

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	1 GPM 0.002 cfs	1/3	SEASONAL
TOTAL:	1 GPM	1/3	

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: OYSTER CREEK	Well diameter & depth:_____
Tributary to: PUGET SOUND	Number of proposed points of withdrawal:____
	Do you have an existing well? ☐ YES ☐ NO
Number of proposed diversion points: 1	If available, attach Water Well Report and pump test.
Do you have an existing diversion? ☐ YES ☒ NO	Well Tag ID No._____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
90032	SW	SW	9	36N	3E	SKAGIT

Lot(s)	Block(s)	Subdivision

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

900 Feet (☒ North/☐ South) and 950 feet (☒ East/☐ West)

from the (☐NW ☒SW ☐NE ☐SE ☐ ____) corner of Section 9.

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.

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):

1/2 HP PUMP WITH 1" POLY PIPE
600 GAL STORAGE WITH DOMESTIC FILTRATION SYSTEM

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:

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 0 ACRES
NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock:

None

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:

STATE HWY 11 TO CHUCKANUT RIDGE DRIVE.
1/10TH MILE TO DRIVEWAY

Site Address:

1801 CHUCKANUT RIDGE DRIVE BOW WA

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.

KRIS WALKER		2011.12.28
Print Name (Applicant or authorized representative)	Signature	Date
KRIS WALKER		2011.12.28
Print Name (Legal Owner or Part Owner Place of Use)	Signature	Date
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 (509) 575-2490	☐ Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (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.