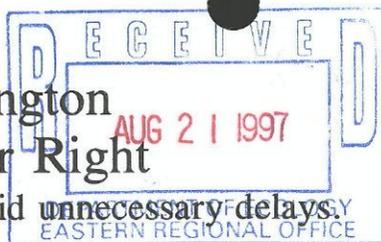




# State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use  
Fee Paid \$10.00  
Date 8-21-97  
ck #10105377

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

Name Town of Malden Home Tel: ( ) -  
Mailing Address P.O. Box 248 Work Tel: (509) 569 - 2581  
City Malden State WA Zip +4 99149 + FAX: (509) 569 - 2064

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

Same as above

Name Gary L. VanDyke Home Tel: ( ) -  
Mailing Address P.O. Box 248 Work Tel: (509) 569 - 2581  
City Malden State WA Zip +4 99149 + FAX: (509) 569 - 2064  
Relationship to applicant Mayor

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 175 (100gpm) ( 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 domestic/public supply. 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: 77 acre-feet/year

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 \_\_\_/\_\_\_/\_\_\_

*per 11/4/97 ph call w/ Scot Reve of Bovay NW, they're wanting 100gpm increase (from current cert of 75 gpm to 175gpm for water rights at extended GARfield in Malden sk*

## Section 4. WATER SOURCE

<p><b>If SURFACE WATER</b></p> <p>Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:</p> <p>Number of diversions: _____</p> <p>Source flows into (name of body of water): _____</p>	<p><b>If GROUNDWATER</b></p> <p>A permit is desired for <u>1</u> well(s).</p> <p>Size &amp; depth of well(s): 8" minimum casing size Approximately 350' deep</p>
---	--

### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Approximately 1340 feet east 13 #  
Approximately 50 feet north of SW corner of Section X Township 20N Range 42E.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW ¼</u>	<u>SW ¼</u>	13	20N	42E	Whitman			

For Ecology Use Date Received: 8-21-97 Priority Date: 8-21-97  
SEPA: Exempt / Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 11-4-97 By SK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 34

**APPLICATION**  
*Not: please chgd to SW ¼ instead of SW ¼ to allow more leeway as well site is approx in center of SW ¼ area. sk*

Appl. No.: G 330070

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: Malden Municipal Water System

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

The well will pump water to a new storage tank that will supply the town of Malden with water. The water distribution system consists of new 6 to 12-inch pipe with two pressure zones and a booster pump station immediately downstream from the storage tank. The well will be located in the vicinity of the tank as shown on the attached map and will have a capacity of 90 gpm with approximately 15 hp pump and a minimum 8-inch casing.

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

*DECLARATION CERTIFICATE # 933-D (75gpm) + this application to increase to 175gpm total.  
DECLARATION CERT. # 934-D (75gpm) = Grand Total Needed would be 250gpm for town of Malden.  
JK  
for Scot Revue, Bovey NW, 11/4/97*

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

A. Number of "connections" requested: 145 Type of connection Homes, Commercial  
(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.

*Currently working with the Department of Health on approval.*

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.

*Currently working with the Department of Health on approval.*

**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)

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 2000 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 \_\_\_\_\_

WTC 5 1 1981

**G 330070**

**Section 8. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water?

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.

From Rosalia, WA go west on Pine City-Malden Road to the town of Malden. Turn left (south) on Eighth, then left (east) on Garfield Avenue. At the end of Garfield Avenue a new storage tank will be visible. The water right is near this tank.

**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):

→ Mayor of Town of MALDEN *OK*

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.

*[Signature]*  
Applicant (or authorized representative)

*8/3/97*  
Date

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

\_\_\_\_\_  
Date

G-330070

I have examined this application as required by SEPA and find that it is:  not an "action".  
*9/22/98*  substantially exempt.  
*[Signature]*  
DATE SIGNATURE

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 \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

G 330070