



State of Washington  
Application for a Water Right

JUN 17 1996

For Ecology Use

Fee Paid \$10.00

Date 7/1/96

chk # 7390

Please follow the attached instructions to avoid unnecessary delays.

G 329973

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

Name Port of Whitman County Home Tel: ( ) -  
Mailing Address W. 105 Island St. Work Tel: (509) 397 - 3791  
City Colfax State WA Zip+4 99111 + 2021 FAX: (509) 397 - 4758

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 (150 gpm) ( 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 Human Consumption and Commercial Use. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

(CONTINUOUS COMMERCIAL & INDUSTRIAL USE)  
Estimate a maximum annual quantity to be used in acre-feet per year: 8.0

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

<b>If SURFACE WATER</b>	<b>If GROUNDWATER</b>
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>(1)</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>8" @ 100-150 Feet</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:  
1450' East, 600' North of SW Corner of Section 21, T.16 N., R.43 E., W.M.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE ¼</u>	<u>SW ¼</u>	<u>21</u>	<u>16N</u>	<u>43E</u>	<u>Whitman</u>			<u>Port Whit A.P. Ind. Park</u>

For Ecology Use Date Received: 6-17-96 Priority Date: 6-17-96  
SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 8-6-96 By JK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 34

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Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Port of Whitman County A.P. Ind. Park Well No. 1
B. Briefly describe your proposed water system. (See instructions.)
The Proposed water system will consist of a well, wellhouse and pump system, and a water distribution system.
C. Do you already have any water rights or claims associated with this property or system? [ ] YES [x] NO
PROVIDE DOCUMENTATION.

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

- A. Number of "connections" requested: 23 Type of connection Commercial/Industrial
(Homes, Apartment, Recreational, etc.)
B. Are you within the area of an approved water system? [ ] YES [x] 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 [x] 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 [x] 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)
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

Section 8. WATER STORAGE

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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.

Beginning at Main St. In Colfax drive south to Almota Road. Drive past Whitman County Hospital and take the first right at the top of a hill. Drive approximately 1 mile and take a left onto a gravel county road. When approaching the County Memorial Airport, stay left on the gravel road.

Section 10. REQUIRED MAP

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

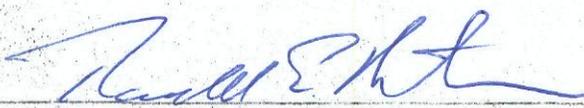
Section 11. PROPERTY OWNERSHIP

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:

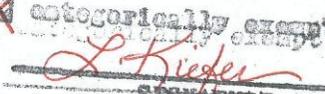
I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

  
Applicant (or authorized representative) (Manager)

4-12-96  
Date

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

Date

I have examined this application and have verified that the information required by this application is true and accurate to the best of my knowledge.  not an action.  categorically exempt.  not an action.  
8/10/96  
  
SIGNATURE

G-329973

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):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
<input type="checkbox"/> 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).