



# State of Washington Application for a Water Right

REC'D  
8-22-95

For Ecology Use  
 Fee Paid \$ 10.00  
 Date 3/28/96 *PK*

Please follow the attached instructions to avoid unnecessary delays.

## G329918

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

Name (FAIRCHILD AIR FORCE BASE) - Clear Lk. Rec. Area Home Tel: ( ) -  
 Mailing Address 92 CES/CEV 100 W. Ent St, Suite 155 Work Tel: (509) 247 - 2421  
 City FAIRCHILD AFB State WA Zip+4 99011 + 9404 FAX: (509) 247 - 2878

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

Same as above

Name RICK ROSA Home Tel: ( ) -  
 Mailing Address 92 CES/CEV 100 W. Ent St, Suite 155 Work Tel: (509) 247 - 2421  
 City FAIRCHILD AFB State WA Zip+4 99011 + 9404 FAX: (509) 247 - 2878  
 Relationship to applicant Environmental Engineer working for the base.

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (25 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 Domestic 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: 40

CONTINUOUS MULTIPLE DOMESTIC SUPPLY

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>(ONE)</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>6" casing down to 340'</u>

**LOCATION**

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:  
250 feet east and 1100 feet south from the NW corner of section 6

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>NW</u>	<u>6</u>	<u>23N</u>	<u>41E</u>	<u>SPOKANE</u>			

*per tel. con. - R. Ross 9/25/95*  
*ERROR*  
*REPUBLISH G.D.*

For Ecology Use Date Received: 8-22-95 Priority Date: 8-22-95  
 SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted: As Complete 4-28-96 By PK Date Returned \_\_\_\_\_ By \_\_\_\_\_  
 WRIA: 43

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**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: Clear Lake Recreation Area
- B. Briefly describe your proposed water system. (See instructions.)  
The well is presently used to supply water to a small resort facility consisting of a service building, a shower and restroom facility and several recreation vehicle connections.
- C. Do you already have any water rights or claims associated with this property or system?  YES  NO  
PROVIDE DOCUMENTATION. (However, a claim form was submitted in 1974. A copy is attached.) (# 112896 WRC)

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

- A. Number of "connections" requested: 50 Type of connection Residential  
(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? October 11, 1990 Please attach the current approved version of your plan. A revision of this plan is in for review at Department of Health.
- 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.)

NOT APPLICABLE

- 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 \_\_\_\_\_

5802

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.

Section 10. REQUIRED MAP

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

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.

Frederick L. Zitterkopf  
Applicant (or authorized representative)  
**FREDERICK L. ZITTERKOPF**  
Assistant Civil Engineer

17 Aug 95  
Date

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

\_\_\_\_\_  
Date

I have examined this application as required by SDA and find that it is:  not an "action".

2/28/96  categorically exempt  
DATE L. Kessler SIGNATURE

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

VERIFIED COPY FILED  
 HILDEBRAND ALIENKOHLE

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 98503-0210
_____ 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).