



State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid
Date 6/27/03

RECEIVED
OF ECOLOGY

03 JUN 27 P3:00

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

Name Gordon Boe Home Tel: (360) 956 - 0638
 Mailing Address P.O. Box 156 Work Tel: (360) 491 - 2822
 City Little Rock State WA Zip+4 98502 + FAX: () -

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 25 gals. per minute per well (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 Attached. **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: 12 Acre-foot per year, per well
 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.:	A permit is desired for <u>2</u> well(s).
Number of diversions: <u>None</u>	
Source flows into (name of body of water):	Size & depth of well(s): <u>6" casing 100'</u> <u>6" casing 100'</u>

LOCATION

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

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
		<u>5</u>	<u>16</u>	<u>1W</u>				

For Ecology Use Date Received: 6/27/03 Priority Date: 6/27/03
 SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 7/17/03 By EC Date Returned _____ By _____ WRIA: 23

Appl. No.: 62-30130

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Not named
~~offset lake water system~~

B. Briefly describe your proposed water system. (See instructions.)
2 wells able to pump 25/gal. per minute.

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: ~~100~~ 100 Type of connection Homes
(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)
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?

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.

South on old highway 99, left on Waldrick Rd.
Property 1/2 mile on Right. (next to Wolf Haven)

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.

Gordon L. Boe
Applicant (or authorized representative)

6-27-03
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 employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).