



STATE OF WASHINGTON
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT

WATER RIGHT CLAIM

RECEIVED
DEPARTMENT OF ECOLOGY

JAN 19 71 003021

CASH _____ OTHER NONE _____

7

1. NAME Dr. Jack S. Armstrong
ADDRESS 1601 S. Sylvester
Olympia, Wash ZIP CODE 98501

2. SOURCE FROM WHICH THE RIGHT TO TAKE AND MAKE USE OF WATER IS CLAIMED: Ground water
(SURFACE OR GROUND WATER)
W.R.I.A. 13
(LEAVE BLANK)

A. IF GROUND WATER, THE SOURCE IS Submerged pump

B. IF SURFACE WATER, THE SOURCE IS _____

3. THE QUANTITIES OF WATER AND TIMES OF USE CLAIMED:

A. QUANTITY OF WATER CLAIMED 10 gpm PRESENTLY USED 10
(CUBIC FEET PER SECOND OR GALLONS PER MINUTE)

B. ANNUAL QUANTITY CLAIMED 1 PRESENTLY USED 1
(ACRE FEET PER YEAR)

C. IF FOR IRRIGATION, ACRES CLAIMED No PRESENTLY IRRIGATED _____

D. TIME(S) DURING EACH YEAR WHEN WATER IS USED: Occasional weekend use

4. DATE OF FIRST PUTTING WATER TO USE: _____ MONTH Sept YEAR 1969

5. LOCATION OF THE POINT(S) OF DIVERSION/WITHDRAWAL 300 FEET North AND
20 FEET East FROM THE SE 1/4 - NW 1/4 CORNER OF SECTION 30
BEING WITHIN N.W. 1/4 OF SECTION 30 T. 16 N. R. 2 (E OR W.) W.M.

IF THIS IS WITHIN THE LIMITS OF A RECORDED PLATTED PROPERTY, LOT _____ BLOCK _____ OF

Plot Whispering Waters Addition Lot 1
(GIVE NAME OF PLAT OR ADDITION)

6. LEGAL DESCRIPTION OF LANDS ON WHICH THE WATER IS USED.

Lot 2 Sec 30 Twp 16N R 2E W.M.
being lot 1 of Whispering Waters Addition

_____ COUNTY Thurston

7. PURPOSE(S) FOR WHICH WATER IS USED: Water for 2 cabins

8. THE LEGAL DOCTRINE(S) UPON WHICH THE RIGHT OF CLAIM IS BASED. Permit from Thurston
County Health Dept. No 1681

DO NOT USE THIS SPACE

THE FILING OF A STATEMENT OF CLAIM DOES NOT CONSTITUTE AN ADJUDICATION OF ANY CLAIM TO THE RIGHT TO USE OF WATERS AS BETWEEN THE WATER USE CLAIMANT AND THE STATE OR AS BETWEEN ONE OR MORE WATER USE CLAIMANTS AND ANOTHER OR OTHERS. THIS ACKNOWLEDGEMENT CONSTITUTES RECEIPT FOR THE FILING FEE.

DATE RETURNED _____ REGISTRY NUMBER _____

JAN 19 71 002215

THIS HAS BEEN ASSIGNED
WATER RIGHT CLAIM REGISTRY NO.

John H. Fiedler

ASSISTANT DIRECTOR DIVISION OF WATER MANAGEMENT-DEPARTMENT OF WATER RESOURCES

I HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF

X Jack S. Armstrong DDS.

DATE Jan 17, 1971
IF CLAIM FILED BY DESIGNATED REPRESENTATIVE PRINT OR TYPE FULL NAME AND MAILING ADDRESS OF AGENT BELOW

ADDITIONAL INFORMATION RELATING TO WATER QUALITY AND/OR WELL CONSTRUCTION IS AVAILABLE

A FEE OF \$2.00 MUST ACCOMPANY THIS WATER RIGHT CLAIM

ORIGINAL

RETURN ALL THREE COPIES WITH CARBONS INTACT ALONG WITH YOUR FEE TO
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT
UNION AVE BUILDING-OLYMPIA WASHINGTON 98501