STATE OF WASHINGTON
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT

WATER RIGHT CLAIM

RECEIVED
DEPARTMENT OF ECOLOGY
MAR 31 71 004649

CASH ___ OTHER ✓ NONE ___

1. NAME Ronald Jones

ADDRESS Rt. 1 Box 112

Tenino, Wn. ZIP CODE 98589

2 SOURCE FROM WHICH THE RIGHT TO TAKE AND MAKE USE OF WATER IS CLAIMED: Ground (SURFACE OR GROUND WATER)

W.R.I.A. 13 (LEAVE BLANK)

A IF GROUND WATER, THE SOURCE IS A well

B IF SURFACE WATER, THE SOURCE IS

3 THE QUANTITIES OF WATER AND TIMES OF USE CLAIMED:

A QUANTITY OF WATER CLAIMED 10 g.p.m. PRESENTLY USED 5 g.p.m.
(CUBIC FEET PER SECOND OR GALLONS PER MINUTE)

B. ANNUAL QUANTITY CLAIMED 1 A.F. PRESENTLY USED 1/2 A.F.
(ACRE FEET PER YEAR)

C. IF FOR IRRIGATION, ACRES CLAIMED

COUNTY Thurston

7. PURPOSE(S) FOR WHICH WATER IS USED: Domestic Supply

8 THE LEGAL DOCTRINE(S) UPON WHICH THE RIGHT OF CLAIM IS BASED. Appropriation

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 WATER 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

MAR 31 71 003521 < THIS HAS BEEN ASSIGNED WATER RIGHT CLAIM REGISTRY NO.

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 Ronald Jones

DATE 3-30-71

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 FILE COPY MUST ACCOMPANY THIS WATER RIGHT CLAIM

ORIGINAL
YELLOW

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 98504