



STATE OF WASHINGTON
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT

WATER RIGHT CLAIM

RECEIVED
DEPARTMENT OF ECOLOGY

APR 21 71 005111

CASH _____ OTHER NONE

1. NAME Minnie Polzin
ADDRESS Route 2, Box 34
Colville, Washington ZIP CODE 99114

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

A. IF GROUND WATER, THE SOURCE IS unnamed spring WRIA 59
(LEAVE BLANK)

B. IF SURFACE WATER THE SOURCE IS _____

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

A. QUANTITY OF WATER CLAIMED 6 gallons per min. PRESENTLY USED 6 gals. per min.
(.01+ C.F.S.) (.01+ c.f.s.)

B. ANNUAL QUANTITY CLAIMED 1-2 acre feet PRESENTLY USED 1-2 acre feet
CUBIC FEET PER SECOND OR GALLONS PER MINUTE (ACRE FEET PER YEAR)

C. IF FOR IRRIGATION, ACRES CLAIMED none PRESENTLY IRRIGATED _____

D. TIME(S) DURING EACH YEAR WHEN WATER IS USED continuously

4. DATE OF FIRST PUTTING WATER TO USE _____ MONTH _____ YEAR 1862

5. LOCATION OF THE POINT(S) OF DIVERSION WITHDRAWAL 143 FEET South AND 59 FEET West FROM THE Northeast CORNER OF SECTION 1

BEING WITHIN NE 1/4 OF SECTION 1 T 35 N. R 38 (E. OR W.) W.M.

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

GIVE NAME OF PLAT OR ADDITION _____

6. LEGAL DESCRIPTION OF LANDS ON WHICH THE WATER IS USED Lots 1 and 2 and 5, and the SW 1/4 of the NE 1/4 of Section 1, in Township 35 North, of Range 38, East, W.M.

7. PURPOSE(S) FOR WHICH WATER IS USED Domestic COUNTY Stevens

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

APR 21 71 003883

THIS HAS BEEN ASSIGNED
WATER RIGHT CLAIM REGISTRY NO.

Shirley H. Liddler

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

X Minnie Polzin

DATE April 20, 1971

IF CLAIM FILED BY DESIGNATED REPRESENTATIVE PRINT OR TYPE FULL NAME AND MAILING ADDRESS OF AGENT BELOW

FOR ADDITIONAL INFORMATION RELATING TO WATER QUALITY AND OR WELLS CONSTRUCTION IS AVAILABLE

ASSISTANT DIRECTOR DIVISION OF WATER MANAGEMENT-DEPARTMENT OF WATER RESOURCES

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

RETURN A STAMP (CODE) WITH TYPED CONTACT ADDRESS WITH YOUR FEE TO
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT
UNION VEIL BUILDING 1111A WASHINGTON, D.C.