STATE OF WASHINGTON
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT

WATER RIGHT CLAIM

RECEIVED
DEPARTMENT OF ECOLOGY
MAY 20 71 005674

CASH___ OTHER ✓ NONE___

1. NAME Donald C. & Irene Minor

ADDRESS Route 17 Box 445

Olympia, Washington ZIP CODE 98501

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

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

A. IF GROUND WATER THE SOURCE IS Drilled well

B. IF SURFACE WATER, THE SOURCE IS ___

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

A. QUANTITY OF WATER CLAIMED 15 g.p.m. PRESENTLY USED 15 g.p.m. (CUBIC FEET PER SECOND OR GALLONS PER MINUTE)

B. ANNUAL QUANTITY CLAIMED 3 a.f. PRESENTLY USED 3 a.f. (ACRE FEET PER YEAR)

C. IF FOR IRRIGATION, ACRES CLAIMED 8 PRESENTLY IRRIGATED 2

D. TIME(S) DURING EACH YEAR WHEN WATER IS USED: Household use at all times & May 1 to Oct. 1 for irrigation

4. DATE OF FIRST PUTTING WATER TO USE ___ MONTH ___ YEAR 1939

5. LOCATION OF THE POINT(S) OF DIVERSION/WITHDRAWAL: 755 FEET South AND 100 FEET West FROM THE E 1/4 CORNER OF SECTION 35

BEING WITHIN NE1/4 SE1/4 OF SECTION 35 T. 18 N. ___ R. 1 (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: ___

COUNTY ___

7. PURPOSE(S) FOR WHICH WATER IS USED: Domestic, Stock, Irrigation (one home)

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 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

MAY 20 71 004297 < THIS HAS BEEN ASSIGNED WATER RIGHT CLAIM REGISTRY NO.

Glen H. Fiddler

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 Donald C. Minor

DATE 5-21-71

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 FEE OF $2.00 MUST ACCOMPANY THIS WATER RIGHT CLAIM

ORIGINAL
COPY

RETURN ALL THREE COPIES WITH CARBON INTACT ALONG WITH YOUR FEE TO
DEPARTMENT OF WATER RESOURCES
DIVISION OF WATER MANAGEMENT
[illegible]