State of Washington
Department of Ecology

RECEIVED
DEPARTMENT OF ECOLOGY
JUL -2 73 0 4 2 2 1 8

CASH X OTHER ___ NONE ___

Water Right Claims Registration

Water Right Claim

Name Mrs. Harold Hasselman

(Short Form) 13

Address Rt 7 Box 689

Olympia WA Zip Code 98506

Phone No. ___

1) Source from which the right to take and make use of water is claimed: ☐ Surface Water ☒ Ground Water

If surface water, please indicate source: give name if known:

___

(River, stream, lake, pond, spring, etc.)

2) Purpose(s) for which water is used:

☒ Domestic ☐ Stockwatering ☒ Irrigation (lawn and garden) ☐ Other Use (specify) ___

3) Legal description of lands on which water is used:

Tract 3, Puget Beach.

If located within the limits of a recorded platted property:

Lot ___ Block ___ of ___

(Give name of plat or addition)

In addition, please indicate Sec. 15 T. 19 N., R. 1 W E./W.W.M.

County in which lands are located Thurston

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 use claimants and another or others. This acknowledgment constitutes receipt for the filing fee.

Date returned

This has been assigned Water Right Claim Registry No

JUL 2 73 0 3 0 8 9 6

Director, Department of Ecology

I hereby swear that the above information is true and accurate to the best of my knowledge and belief.

Mrs. Mildred L. Hasselman

Date ___

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

Return all three copies with carbons intact, along with your fee to:
Department of Ecology Water Right Claims Registration, Olympia, Washington 98504

ORIGINAL DOE