

State of Washington
Department of Ecology

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DEPARTMENT OF ECOLOGY
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CASHLESS CHECK MORE

Water Right Claims Registration

Water Right Claim



Name Ernest E. Chandler

(Short Form) 46

Address Box 190

Leavenworth, Wash. Zip Code 98826

Phone No. 548-7763

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:

6 Springs on Sections 6 and 7 - no names

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

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

Domestic Stockwatering Irrigation (lawn and garden) Other Use (specify) Not Presently Used

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

If located within the limits of a recorded platted property:

Lot _____ Block _____ of _____ (Give name of plat or addition)

In addition, please indicate Sec. 6 & 7 T. 25 N., R. 21 E/W W.M.

County in which lands are located Chelan

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 Registered _____ This has been assigned Water Right Claim Registry No. _____

Director, Department of Ecology

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

X Ernest E. Chandler

Date 6-25-74

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 DOE

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