



State of Washington  
Application for a Water Right Permit

SURFACE WATER  GROUND WATER  
 Permanent  Temporary  Short Term  
CSRIA VRA Drought Permit

Follow the attached instructions. Attach additional sheets as necessary.

For Ecology Use  
(Date Stamp)  
**RECEIVED**  
JUL 21 2008  
DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE  
JUL 18 8 19:04

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

DEPT. OF ECOLOGY  
FISCAL & BUDGET

**Section 1. APPLICANT** \$50 fee Pd - EG 7.22.08

Applicant/Business Name: Auvil Fruit Co. Inc.		Phone No: 509-784-1711	Other No:
Address: 21902 SR 97			
City: Orondo	State: Wa.	Zip: 98843	
Email Address (optional):			

Contact Name (if different from above): Mike Claphan		Phone No:	Other No:
Relationship to Applicant: Gen. Manager			
Address:			
City:	State:	Zip:	
Email Address (optional):			

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: Frost Protection for orchard

Anticipated length of time to complete your project: \_\_\_\_\_

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (if known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Frost Protection	2850		50.4	Mar. 1 - Apr 30
<b>TOTAL:</b>	<b>2850</b>		<b>50.4</b>	

**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)?  YES  NO

Is this request for a temporary permit?  YES  NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

For Ecology Use	APPLICATION NO. <u>64-35184</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <input checked="" type="checkbox"/> Check No: <u>        </u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By <u>        </u> Priority Date <u>July 18, 2008</u>	WRIA: <u>44 Doublers</u>

64-35184  
6429281P

**Section 3. POINT OF DIVERSION OR WITHDRAWAL**

Complete A or B, and C below

<b>A.) If Surface Water Source</b>		<b>B.) If Ground Water Source</b>	
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: _____ Tributary to: _____ Number of proposed diversion points: _____ Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Well diameter & depth: <u>20" x 160'</u> Number of proposed points of withdrawal: <u>4</u> Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____	

**C.) Point of Diversion/Withdrawal - Legal Description**

Parcel No.	¼	¼	Section	Township	Range	County
	<u>E ½</u>	<u>NW</u>	<u>33</u>	<u>26 N</u>	<u>21 E</u>	<u>Douglas</u>
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
1500 Feet ( North/ South) and 300 feet ( East/ West)  
 from the ( NW  SW  NE  SE  ) corner of Section 33.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
 \_\_\_\_\_ feet ( North/ South) and \_\_\_\_\_ feet ( East/ West)  
 from the ( NW  SW  NE  SE  ) corner of Section \_\_\_\_\_.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located?  YES  NO  
 If no, do you have legal authority to make this application for use of another's land?  YES  NO  
 Provide the owner name(s), address, and phone number: \_\_\_\_\_

**Section 4. PLACE OF USE**

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

The S ½ SW ¼ of Section 27 lying South of the principle gully, SE ¼ SE ¼ of Sec 28, and NE ¼ NE ¼ of Section 33, lying East of the highway, within T. 26 N, R. 21 E Wm, Douglas County, WASH.

¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located?  YES  NO.  
 If no, do you have legal authority to make this application for use of another's land?  YES  NO  
 Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system?  YES  NO  
 If yes, provide the water right and/or claim numbers: G 4 - 29281 P

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

**Section 5. WATER SYSTEM DESCRIPTION**

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): 20" well x 160' 100 HP turbine pump

**Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION**

Complete A or B, and C below

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	

**Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES**

Irrigation

Total number of acres requested to be irrigated under this application = 0 ACRES  
NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: \_\_\_\_\_  
\_\_\_\_\_

Is the proposed project for a dairy farm?  YES  NO

Other Proposed Farm Uses

Describe all proposed uses: Frost Protection  
\_\_\_\_\_  
\_\_\_\_\_

28281

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres?  YES  NO

Do you have a controlling interest in a Family Farm Development Permit?  YES  NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

Hydropower

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

Mining/Industrial Use

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_

Other Use

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water?  YES  NO

Are you proposing to store more than 10 acre-feet of water?  YES  NO

Will the water depth be 10 feet or more?  YES  NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: \_\_\_\_\_

6 miles north of Orondo on SR-97.  
\_\_\_\_\_  
\_\_\_\_\_

Site Address: \_\_\_\_\_  
\_\_\_\_\_

**Section 11. REQUIRED SIGNATURES**

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Michael F. Claphan  
Print Name  
(Applicant or authorized representative)

Michael F Claphan  
Signature

7-4-08  
Date

\_\_\_\_\_  
Print Name  
(Landowner of Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Landowner of Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Landowner of Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

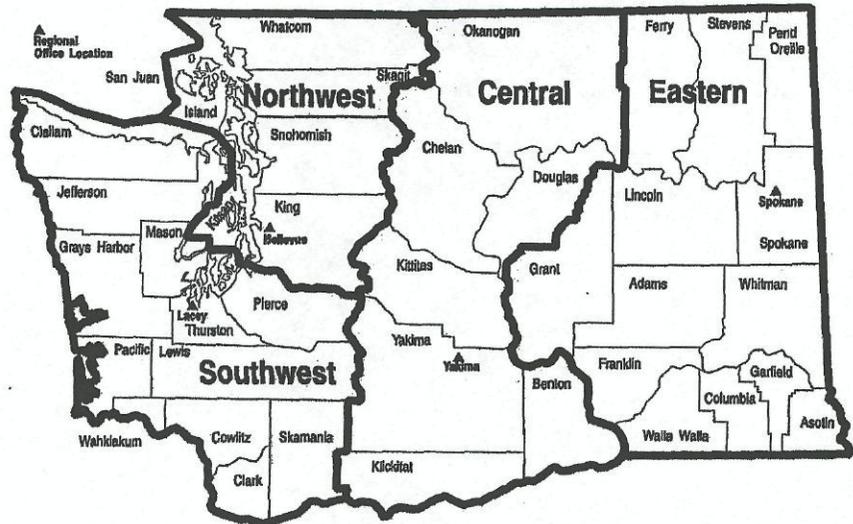
Submit your application to: DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 5128  
LACEY WA 98509-5128

Please check the region in which your proposed project is located.

- Southwest  Northwest  Central  Eastern

Columbia River Program

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



- Southwest Regional Office: 360-407-6300
- Northwest Regional Office: 425-649-7000
- Central Regional Office: 509-575-2490
- Eastern Regional Office: 509-329-3400

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341