



State of Washington  
Application for a Water Right Permit

SURFACE WATER  GROUND WATER  
 Permanent  Temporary  Short Term

Follow the attached instructions. Attach additional sheets as necessary.

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

For Ecology Use  
(Date Stamp)  
8 JUN 27 16:05  
DEPT. OF ECOLOGY  
FISCAL & BUDGET

**Section 1. APPLICANT**

\$99 fees OK-EG

7-30-08 / \$50 - 6/27/08  
49 - 7/25/08  
99

Applicant/Business Name: Alpine Water District	Phone No:	Other No:
Address: P.O. Box 109		
City: Cashmere	State: WA	Zip: 98815-0109
Email Address (optional):		

Contact Name (if different from above): Mark Peterson	Phone No: 509.667.8097	Other No:
Relationship to Applicant: Attorney		
Address: 103 Palouse Street, Suite 5		
City: Wenatchee	State: WA	Zip: 98801-2251
Email Address (optional): markp@nwi.net		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: Alpine Water District is a regional municipal water purveyor that is obligated to plan for and provide service. I seeks additional water resource authority to these ends.

Anticipated length of time to complete your project: 20 years

**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 checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Municipal	.99 cfs		500	continuous
<b>TOTAL:</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: \_\_\_ / \_\_\_ / \_\_\_

WR 1A 45  
CHELAN

For Ecology Use	APPLICATION NO: <u>64-35182</u>	SEPA: Exempt/Not Exempt
Fee Paid:	Check No:	ECW Coding: 001-001-WR-1-0285-000011

JUNE 27, 2008

### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<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>10" 115.7'</u> Number of proposed points of withdrawal: <u>3</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. <u>ID# 336127</u>

#### C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
			28	27N	17EWM	Chelan
Lot(s)	Block(s)		Subdivision			

45  
Chelan

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 \_\_\_\_\_.

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: Washington State Parks

### 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 service area of an approved water plan						
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: Water Districts typically do provide water to lands not owned by the District.

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: 11044, 8761, 1390, and 22138

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): This system consists of a well with capacity of 100 gallon per minute, a 100,000-gallon reservoir, and approximately 2 1/2 miles of distribution pipe with individual water service and fire service and storage. There are currently 71 connections on the system including 68 residential connections, the Cove resort, Y-Camp, and the Wenatchee State Park. The capacity of the system without additional improvements is 100 connections. Planning developed by the Chelan County PUD and adopted by Alpine Water District projected a need for a regionalized water system expanding around Lake Wenatchee. To meet the future demands of the area Alpine Water District hopes to extend water mains, create interties and develop interlocal agreements in collaboration with other water purveyors to serve the Lake Wenatchee area. This application is to provide additional water resource authority to that end..

**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: 1500 _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: 2500 _____ (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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: <u>Alpine Water District</u>	
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 = \_\_\_\_\_ ACRES

NOTE: Outline the area to be irrigated on your attached map.

**Stockwater**

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

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: Please call contact person to arrange for a tour and inspection.

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

Site Address: Vicinity of Lake Wenatchee and Fish Lake, Washington.

**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.

Alpine Water District  
\_\_\_\_\_  
Print Name  
(Applicant or authorized representative)

Mark Peters Attorney in fact  
\_\_\_\_\_  
Signature

6/24/08  
\_\_\_\_\_  
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

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.