DEPARTMENT OF ECOLOGY
State of Washington

Water Resources Program
Application for a Water Right Permit

For Ecology Use
(Date Stamp)

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MAR 0 2 2011
DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

☒ SURFACE WATER ☐ GROUND WATER ☐ PERMANENT

☒ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

***A NON-REFUNDABLE MINIMUM FEE OF $50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

Applicant/Business Name: Yakama Nation	Phone No: 509-548-9413 ext.1022206	Other No:
Address: 7051 Highway 97		
City: Peshastin	State: WA	Zip:98847
Email Address (optional): cory@mid-columbia-coho.net		

Contact Name (if different from above): Cory Kamphaus	Phone No: 509-548-9413 ext.1022206	Other No:
Relationship to Applicant: Employee		
Address: same as above		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: George Trustees Sharen and Jim	Phone No:	Other No:
Address: 19960 Gilcreek Road		
City: Leavenworth	State: WA	Zip:98826
Email Address (optional):		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Fish Propagation: handling and spawning local broodstock, incubating eggs and rearing some juveniles.

Anticipated length of time to complete your project: 2 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) ☐ Cubic Feet per Second (CFS) ☒ Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Fish Propagation	3,300		Seasonal

S4-33020 WRIA 45 Chelan

TOTAL:	3,300	

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: 1/1/2013 TO: 1/1/2018

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
☐ Spring ☐ Creek ☒ River ☐ Lake ☐ Other:_____ Source Name:_____ Tributary to:_____ Number of proposed diversion points:_____ Do you have an existing diversion? ☐ YES ☒ NO	☐ Well(s) ☐ Other:_____ Well diameter & depth:8 x 100 Number of proposed points of withdrawal:3 Do you have an existing well? ☐ YES ☐ 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
271726200100	SW	SW	26	27N	17E	Chelan

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_____.

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: George Trustees Sharen and Jim, 19960 Gilcreek Road, Leavenworth, WA 98826.

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.

¼	¼	Section	Twp.	Range	County	Parcel No.

SW	NW	26	27N	17E	Chelan	271726200100

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

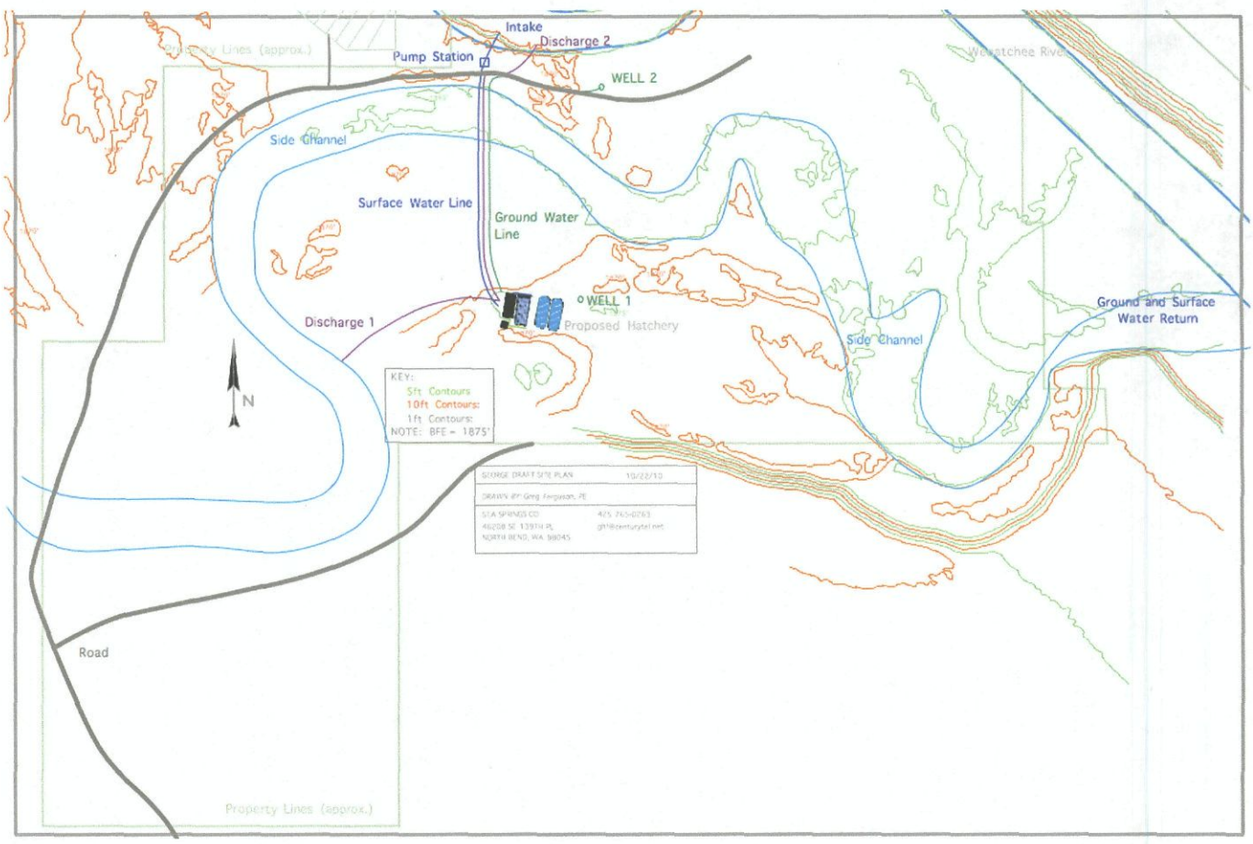
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☒NO
Provide owner name(s), address, and phone number: George Trustees Sharen and Jim, 19960 Gilcreek Road, Leavenworth, WA 98826.

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:

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.

The location of the proposed surface water intake is shown in the diagram below. Water will be returned to the Wenatchee River through an existing side channel at Discharge 1.



Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

The proposed water system will include a river intake equipped with pumps and pipelines sized to provide up to 3,300 gpm to a proposed hatchery. There will be approximately 1,500 feet of buried pipeline. See the attached GEORGE WATER SUPPLY DESCRIPTION AND IMPACT ANALYSIS for more details.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only *(defined under RCW 90.03.015)*

Projected number of connections to be served: 2	Present population to be served water: _____
Type of connections: office and shop *(e.g., home, recreational cabin)*	Estimate future population to be served: _____ (20 year projection)

C.) Water System Planning

Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? ☐ YES ☒ 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? ☐ YES ☒ 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:_____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

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: From SR 2, take SR 207 north. Take right (east) on Beaver Valley Road. Turn left (north) on a gravel road one mile from SR207

Site Address: None

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.

Print Name	Signature	Date
Cory Kamphaus		2/22/11
(Applicant or authorized representative)		
SHARON GEORGE ETAL	Sharon George etal	2-22-11
(Legal Owner or Part Owner Place of Use)		
(Legal Owner or Part Owner Place of Use)		