June 6, 2005

DEPT. OF ECOLOGY Received JUN 17 2005 CENTRAL REGION OFFICE

CK # 1044
For Ecology Use
Fee Paid 10.00
Date 6/17/05

WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name CARI ROY PAGE Home Tel:(970) 921 - 5159

Mailing Address 646 Hwy 92 Work Tel:(970) 921 - 5159

City CRAWFORD State CO Zip+4 81415 + 9100 FAX:(970) 921 - 5159

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel:(____)____ - _____

Mailing Address _____ Work Tel:(____)____ - _____

City _____ State____ Zip+4_____ + _____ FAX:(____)____ - _____

Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 10 (☒ gallons per minute or ☐ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose(s) of Domestic use. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE.** (**See instructions**.) *NOTE: A tax parcel number or a plat number is not sufficient.*

Estimate a maximum annual quantity to be used in acre-feet per year: ½ ACRE FT

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ___/___/___ to ___/___/___

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: UNNAMED Number of diversions: 1	A permit is desired for _____ well(s).
Source flows into (name of body of water): ~~ANEAS CREEK~~ BEAR CREEK	Size & depth of well(s):

Appl. No.: 54-35058

WRIA 52 OKANOGAN

LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SE	SW	13	36	30	OKANOGAN			

52
OKAN

For Ecology Use Date Received: JUNE 17, 2005 Priority Date: JUNE 17, 2005 OKANOGAN

SEPA: Exempt/Not Exempt FERC License #_____ Dept. Of Health #_____ 52

Date Accepted As Complete 09-13-05 By_____ Date Returned_____ By_____ WRIA:_____

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (**See instructions.**)

A hand dug well no > 18' to be encased per Dept of Ecology requirements. Well to be located approx 50' from cabin, OR 1" pipe from surface to 55 gal drum for domestic use.

C. Do you already have any water rights or claims associated with this property or system? ☑ YES ☐ NO
PROVIDE DOCUMENTATION. DEEDED

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

A. Number of "connections" requested:_____ Type of connection _____
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? ☐ YES ☑ NO
If yes, explain why you are unable to connect to the system. *Note: Regional water systems are identified by your County Health Department.*

Complete C. and D. only if the proposed water system will have fifteen or more connections.

C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

54-35058

D. Do you have an approved conservation plan? ☑ YES ☐ NO
If yes, when was it approved? August 1996 Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
(Complete for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: 1

B. List total number of acres for other specified agricultural uses:

Use _____ Acres _____
Use _____ Acres _____
Use _____ Acres _____

C. Total number of acres to be covered by this application: 20

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
Add up 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;
‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 acres? ☐ YES ☑ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☑ NO
If yes, enter permit no: _____

E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

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

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 apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

Take Hwy 20 from Tonasket, east to Aeneas Valley Rd. Follow Aeneas Valley Rd. until you take a left on Cape Labelle Rd. Take 1st Rt. (Main Sun Ranch Rd) and follow until Squirrel Rd. Take a Rt. on Squirrel and follow for approx. 1.5 miles and property is located on left and can be ID. by cabin. Spring is approx 50' to North of cabin.

Section 10. REQUIRED MAP

A. Attach a map of the project. (**See instructions.**)

See attached

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☑ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☑ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above 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 I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Carl Page
Applicant (or authorized representative)

Date 6/6/2005

same
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

OK Tax Parcel # 3630133008

Thanks Brice!

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ _____ *(date).*	

Ecology staff _____ Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).