WASHINGTON STATE DEPARTMENT OF ECOLOGY

# State of Washington
# Application for a Water Right

DEPT. OF ECOLOGY Received APR 17 2003 CENTRAL REGION OFFICE

For Ecology Use
Fee Paid 10.00
Date 4/17/03
CK# 2122

Please follow the attached instructions to avoid unnecessary delays.

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

Name AUREL J. AND PATRICIA C. KAJLICH Home Tel: (206) 542 - 6999
Mailing Address 101 WOODHAVEN PL. Work Tel: (NONE) (retired)
City WOODWAY State WA Zip+4 98020 + 5221 FAX: (____)____ - ____

## 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 6 (☒ gallons per minute or 0.016 cubic feet/s. ☐ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose(s) of DOMESTIC USE - SINGLE FAMILY DWELLING. **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-foot per year: 250-300 gallons/day - seasonal use only - 0.5 acre feet/yr

☐ 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.: LAKE WENATCHEE<br>Number of diversions: ONE | A permit is desired for ____ well(s). |
| Source flows into (name of body of water): WENATCHEE RIVER | Size & depth of well(s): |

**LOCATION**

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: WATERFRON LOT - WATER IS DRAWN DIRECTLY IN FRONT OF THE CABIN - 60' FROM HOUSE AND HAS BEEN DRAWN SINCE 1949

| 1/4 of | 1/4 of | Section | Township | Range (E/W) | County | If location of source is platted, complete below: Lot | Block | Subdivision |
|---|---|---|---|---|---|---|---|---|
| | | 14 | 27 N. | 16 | CHELAN | 3-4 | 25 | MOUNTAIN PARK SUMMER HOMES |
| | | | | | | | | CHELAN COUNTY |

45 delay

For Ecology Use Date Received: APRIL 17, 2003 Priority Date: APRIL 17, 2003 CHELAN
SEPA: Exempt/Not Exempt FERC License # ____ Dept. Of Health # ____
Date Accepted As Complete 08-07-2003 By ____ Date Returned ____ By ____ WRIA: 45

ECY 040-1-14
Rev. 7/97 **f

**APPLICATION**

Appl. No.: 54-34901

OLD
NEW

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: PRIVATE - SINGLE FAM. RESIDENCE

B. Briefly describe your proposed water system. (**See instructions.**) THE EXISTING SYSTEM, IN USE SINCE 1949, CONSISTS OF 1/2HP SUBMERSIBLE PUMP WITH FILTER, CONNECTED TO 3/4" PIPE, EXTENDING INTO LAKE WENATCHEE FOR APPROX. 60' AND ENTER HOUSE 25' FROM THE SHORE (IT IS LAID UNDERGROUND)

C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO
PROVIDE DOCUMENTATION. UNKNOWN
(PREVIOUS OWNER - JACK LOEPP - DECEASED)

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

A. Number of "connections" requested: ONE Type of connection RECREATIONAL CABIN
(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? SYSTEM IN USE SINCE 1949 ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
DOES HAVE A SCREEN ON PUMP IN LAKE

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

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

A. Total number of acres to be irrigated: _____

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: _____

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
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 2000 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. 17545 N. SHORE DRIVE, 3 CABINS WEST OFF FOREST SERVICE COMPOUND. GO WEST FROM LEAVENWORTH (HWY 2), TURN (R) AT COLES CORNER ON THE LK. WENATCHEE HWY (207), DRIVE ABOUT 9 MILES TO THE FOREST SERVICE COMPOUND, TURN (L) ON THEIR SERVICE RD, TURN (R) ON N. SHORE DR. CABIN IS ON THE (L), STEEP DOWN DRIVE TO THE CABIN – MAP ATTACHED

## Section 10. REQUIRED MAP

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

MAP 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.**

AUREL J. KAJLICH

Applicant (or authorized representative)

~~Aug. 15, 2002~~ AJK

Date April 14, 2003

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.**

| 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).