



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use
Fee Paid 10.00
Fm 12/19/03
Date 12/19/03
CK# 2682

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

Name Longview Fibre Co Home Tel: (509) 763 - 3759
Mailing Address 17400 Winton Rd Work Tel: (509) 763 - 3759
City Leavenworth State WA Zip+4 98826 + FAX: 509.763 - 2744

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Don Ledbetter - Plant Manager Home Tel: 509.548 - 6246 and Dave Mendehall - Senior Water Quality Engineer - 509-575-5570
Mailing Address 17400 Winton Rd Work Tel: (509) 763 - 3759
City Leavenworth State WA Zip+4 98826 + FAX: 509.763 - 2744
Relationship to applicant Plant Manager

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 200 (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 Industrial Use. ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. See attachment 1.

Estimate a maximum annual quantity to be used in acre-feet per year: 25

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.:					A permit is desired for <u>3</u> well(s).			
Number of diversions: _____								
Source flows into (name of body of water):					Size & depth of well(s): <u>unknown</u>			
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>1400' west + 2500' north of the southeast corner of Section 20</u>								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NW</u>	<u>SE</u>	<u>20</u>	<u>26N</u>	<u>17E</u>	<u>Chelan</u>			
For Ecology Use: <input checked="" type="checkbox"/>		Date Received: <u>DECEMBER 19, 2003</u>		Priority Date: <u>DECEMBER 19, 2003</u>		<u>CHELAN</u>		
SEPA Exempt/Not Exempt: <input checked="" type="checkbox"/>		FERC License # _____		Dept. Of Health # _____				
Date Accepted As Complete: <u>12/29/03</u>		By: <u>[Signature]</u>		Date Returned: _____		By: <u>45</u> WRIA: <u>45</u>		

45 Chelan

Appl. No.: 64-34930

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: NA
- B. Briefly describe your proposed water system. (See instructions.)
A well with submersible pump supplies water to the mill for industrial use & sanitary purposes. The well also supplies water for dust abatement during dry season. See attachment 3
- C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION. See attachment 2

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.
- 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
(Complete 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, 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.

From Leavenworth take Hwy #2 North approx 14 miles to Coles Corner intersection. Turn left & drive approx 1 1/2 miles. The mill site will be on your right.

Section 10. REQUIRED MAP

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

See attachment 4

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.

Don Ledbiter
Applicant (or authorized representative)

12-18-03
Date

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

12-18-03
Date

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

See attachment 5B (com)

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).

APPLICATION