



# State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.



For Ecology Use  
 Fee Paid 10<sup>00</sup>  
 Date 2/6/02  
 CK# 3157 fm

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

Name ROBERT & MARLENE LINTON Home Tel: (425) 771 - 9901  
 Mailing Address PO BOX 1898 Work Tel: ( ) -  
 City EDMONDS State WA Zip+4 98020 FAX: ( ) -

### Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name HIBBARD ARCHITECTURE & PLANNING Home Tel: ( ) -  
 Mailing Address PO BOX 499 Work Tel: ( 509 ) 687-3800  
 City MANSON State WA Zip+4 98831 FAX: ( : 509 ) 687-3800  
 Relationship to applicant BUSINESS

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than THREE (3) (  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 & LAWN IRRIGATION

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: THREE (3)

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.: <u>LAKE CHELAN</u> | A permit is desired for _____ well(s). |
| Number of diversions: <u>1</u>  |  |
| Source flows into (name of body of water):<br><u>CHELAN RIVER, COLUMBIA RIVER</u>   | 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: **N 1175' OF SOUTH LINE OF SECTION 12**  
**E 1350' OF WEST LINE OF SECTION 12**

| ¼ of      | ¼ of      | Section   | Township  | Range(E/W) | County        | If location of source is platted, complete below: |       |             |
|-----------|-----------|-----------|-----------|------------|---------------|---|-------|-------------|
|           |           |           |           |            |               | Lot   | Block | Subdivision |
| <b>SE</b> | <b>SW</b> | <b>12</b> | <b>27</b> | <b>21</b>  | <b>CHELAN</b> |   |       |             |
|           |           |           |           |            |               |   |       |             |

For Ecology Use Date Received: FEBRUARY 6, 2002 Priority Date: FEBRUARY 6, 2002 CHELAN  
 SEPA:  Exempt / Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 02-13-2002 By SA Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 47

Appl. No. 54-34544

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: \_\_\_\_\_

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

THE SYSTEM WILL INCLUDE A 3/4 HORSEPOWER SUBMURSIBLE PUMP SET JUST OFF THE LAKE BOTTOM ABOUT 60 FEET OUT INTO THE LAKE CONNECTED WITH A ONE INCH PLASTIC WATER LINE TO THE PROPERTY. THE ONE PUMP WILL BE USED FOR BOTH DOMESTIC AND IRRIGATION WATER.

C. Do you already have any water rights or claims associated with this property or system?  YES  NO  
PROVIDE DOCUMENTATION. WAS TOLD WHEN PURCHASING THE PROPERTY THAT THERE WERE WATER RIGHTS, BUT NONE HAVE BEEN ABLE TO BE DOCUMENTED.

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

A. Number of "connections" requested: 1 Type of connection SINGLE FAMIL RESIDENCE  
(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: .053 (2,300 SQ')

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

Use LAWN IRRIGATION Acres .053  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_

C. Total number of acres to be covered by this application: .053

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. TRAVEL NORTH ON SR 97A TO WHERE IT STARTS TO PARELLEL LAKE CHELAN. AT THAT POINT TURN LEFT ONTO SOUTH LAKESHORE ROAD. GO WESTERLY ALONG LAKE CHELAN ON SOUTH LAKESHORE ROAD ABOUT 2.5 MILES. THE PROPERTY ADDRESS IS 3010 SOUTH LAKESHORE ROAD.

**Section 10. REQUIRED MAP**

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

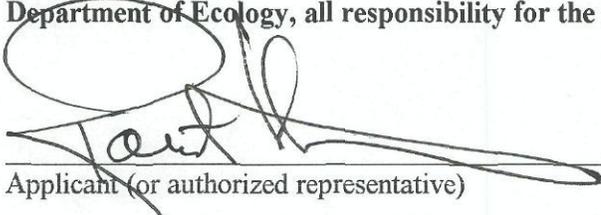
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

  
\_\_\_\_\_  
Applicant (or authorized representative)

2-2-02  
\_\_\_\_\_  
Date

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).