

State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
 Fee Paid 1000
 Date 1/2/02 *FM*
 CK# 1478

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

Name Pat Rasmussen Home Tel: (509) 548 2640
 Mailing Address Po Box 154 Work Tel: () same
 City Peshastin State WA Zip+4 98847 + FAX: () none

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 5 ^{0.01 cfs} _{pc} (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 supply & irrigation of garden. 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: 5.6 acre feet

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 ___/___/___
N/A

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>unnamed spring</u>	A permit is desired for _____ well(s).
Number of diversions: <u>1</u>	
Source flows into (name of body of water): <u>Peshastin Creek</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: 2262 feet east and 1711 feet north of the southwest corner of Section 32

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>WE</u>	<u>SE</u>	<u>32</u>	<u>24N</u>	<u>18E</u>	<u>Chelan</u>			

For Ecology Use Date Received: JANUARY 7, 2002 Priority Date: JANUARY 7, 2002 CHELAN
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 01-10-2002 By CSA Date Returned _____ By _____ WRIA: 45

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Unnamed Spring

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

A 1000 gallon concrete below-ground storage tank set in the ground below the spring with the top 24" below the ground surface. A pipe from the spring to the concrete storage tank to carry water to it by gravity. A pipe from the concrete storage tank to carry water pumped by a Grundfos SQ Solar pump, Horse Power range 1/3-3, flow range 0.2-7 gallons per minute, through a Sanitron Ultraviolet water purifier, to homesite. See diagram

C. Do you already have any water rights or claims associated with this property or system? YES NO on back page.
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION

(Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 1 Type of connection home
(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: 1/2 acre garden

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

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

C. Total number of acres to be covered by this application: 1/2 acre

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 _____

None

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? *1000 gallon storage tank, concrete, below spring* 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.

At the Big Y of Hwy 2 and Hwy 97 (Peshastin) go south on Hwy 97 for 1 1/2 miles, turn left over big green bridge, turn right immediately after bridge, go up 1/2 mile to Y in road, go to the right 1/2 mile more, to small meadow on right. Spring is near the meadow.

Section 10. REQUIRED MAP

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

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.

Patricia Kasurussen
Applicant (or authorized representative)

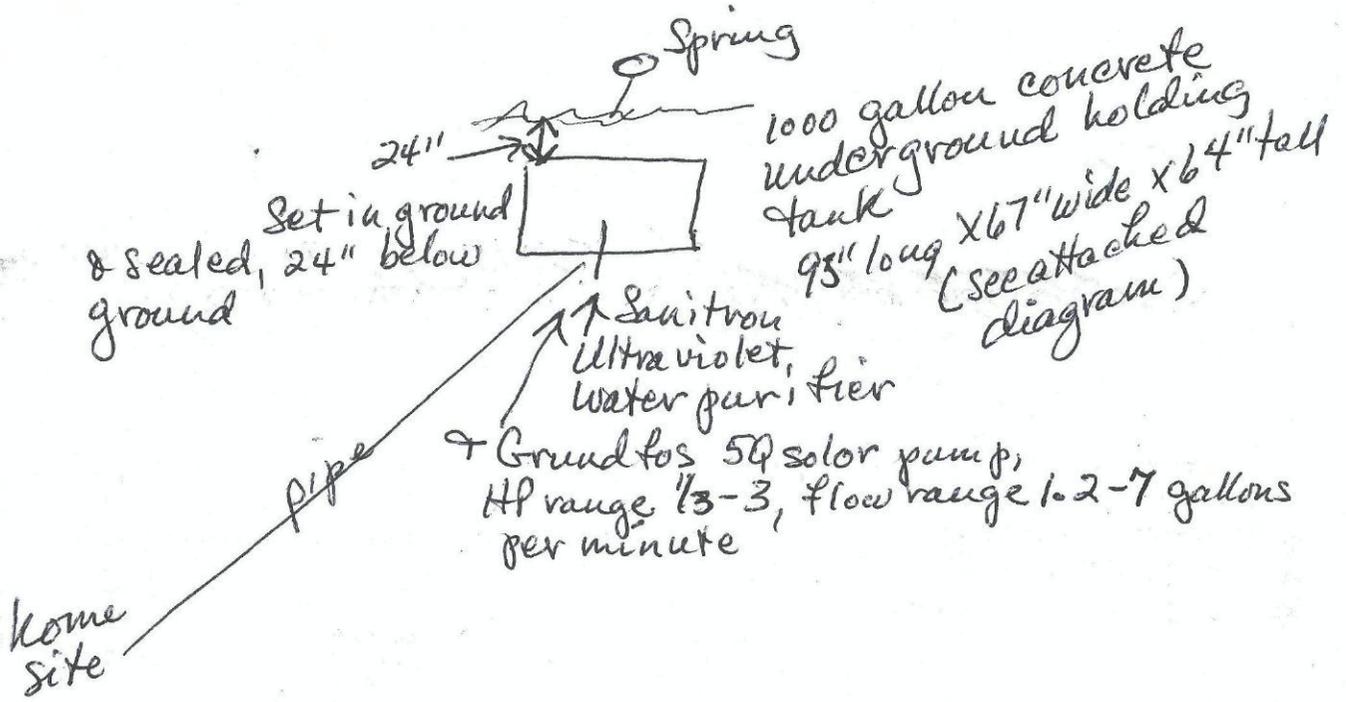
January 2, 2002
Date

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

January 3, 2002
Date

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

5B. Diagram of Spring and Storage tank.



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 _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).