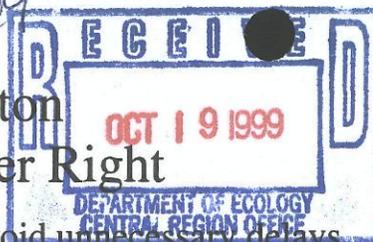




pd ckt # 5341
#10.00 sum 10/19/99

State of Washington
Application for a Water Right



For Ecology Use
Fee Paid _____
Date _____

Please follow the attached instructions to avoid unnecessary delays.

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

Name STEVEN M. WILSON Home Tel: (509) 687-5073
Mailing Address 622 HYACINTH ROAD Work Tel: () SAME
City MANSON State WA Zip+4 98831 + 9739 FAX: () N/A

E-MAIL: SUMMERSPELL@DELLNET.COM

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 CONTINUOUS SINGLE DOMESTIC WATER SUPPLY INCLUDING INCIDENTAL IRRIGATION. 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: LEGAL DESCRIPTION AND TAX PARCEL NUMBER
Estimate a maximum annual quantity to be used in acre-foot per year: .5

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
N/A 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). <u>N/A</u>
Number of diversions: <u>1</u>	
Source flows into (name of body of water): <u>COLUMBIA RIVER</u>	Size & depth of well(s): <u>N/A</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 625 FEET EAST AND 1100 FEET NORTH OF THE SOUTHEAST CORNER OF SECTION 12

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>SE</u>	<u>12</u>	<u>27</u>	<u>21 E</u>	<u>CHELAN</u>			

For Ecology Use Date Received: OCTOBER 19, 1999 Priority Date: OCTOBER 19, 1999
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete NOV 29, 1999 By PAK Date Returned _____ By _____ WRIA: 47

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: N/A
- B. Briefly describe your proposed water system. (See instructions.)
 - DOMESTIC WATER SUPPLY FOR EXISTING SINGLE FAMILY RESIDENCE INCLUDING INCIDENTAL IRRIGATION OF UP TO 1/8 ACRE FROM APRIL 1ST TO OCTOBER 31ST EACH YEAR
 - WATER SYSTEM INCLUDES 1/2 HORSE POWER SUBMERSIBLE PUMP WITH A SUPPLY CAPACITY OF BETWEEN 8 AND 10 GALLONS PER MINUTE TO A PRESSURE CONTROL TANK WITHIN THE HOME. PRESSURE CONTROL TANK CAPACITY IS 50 GALLONS, PUMP IS SUBMERGED IN LAKE.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. UNKNOWN?

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 SINGLE FAMILY 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? N/A 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? N/A 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: 1/8 ACRE (RESIDENTIAL HOME LAWN AND PLANTINGS)
- B. List total number of acres for other specified agricultural uses:

Use _____	Acres _____
Use <u>N/A</u>	Acres <u>0</u>
Use _____	Acres _____
- C. Total number of acres to be covered by this application: 1/8 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: N/A
 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

50 GALLON PRESSURE CONTROL TANK

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. SEE ATTACHED MAP

ADDRESS: 3226 SOUTH LAKESTONE DRIVE (ROAD)

- APPROXIMATELY 6 MILES FROM THE TOWN OF CHELAN TOWARD THE LAKE CHELAN STATE PARK ON SOUTH LAKESTONE DR.
- ADDRESS LABELED ON MAIL BOX AT TOP OF DRIVEWAY, TAKE FIRST RIGHT ONTO DIRT ROAD OFF CONCRETE DRIVEWAY, SECOND HOUSE ON LEFT.

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.

Steven M. Wilson STEVEN M. WILSON OCTOBER 15, 1999
Linda K. Wilson LINDA K. WILSON OCTOBER 15, 1999
 Applicant (or authorized representative) 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.

SECTION 3. INCIDENTAL IRRIGATION OF UP TO 1/8 ACRE OF LAWN AND GARDEN FROM APRIL 1ST TO OCTOBER 31ST EACH YEAR

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).