



Pd Ck# 37505 \$20.00 TMM 9/25/98

For Ecology Use
 Fee Paid _____
 Date _____

Please follow the attached instructions to avoid unnecessary delays.

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

Ruthella Skagen (a/k/a Ruthella W. Barnecut, T)
 Name Trustee Barnecut Cabin Property Trust Home Tel: (509) 884 - 1414
 Mailing Address 494 19th Street NE Work Tel: () -
 City East Wenatchee State WA Zip+4 98802 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Donald L. Dimmitt Home Tel: () -
 Mailing Address P.O. Box 1688 Work Tel: (509) 662 - 3685
 City Wenatchee State WA Zip+4 98807 +1688 FAX: (509) 662 - 8972
 Relationship to applicant Attorney

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than Fifteen (15) (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 use. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

LOTS 8+9 OF BLOCK 1 AND LOTS 8+9 OF BLOCK 2 REPLAT OF GRANITE FALLS BEACH PLAT S 33, T 28, R 2.

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

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>One (1)</u>			
Source flows into (name of body of water): <u>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:

320 feet East and 920 feet South of the Northwest corner of Section 33, Township 28 North, Range 21 East

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NW 1/4	NW 1/4	33	28	21	Chelan	8 & 9	1	Replat of Granite Falls
						8 & 9	2	Beach Plat

For Ecology Use Date Received: SEPTEMBER 25, 1998 Priority Date: SEPTEMBER 25, 1998
 SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete OCTOBER 13, 1998 By PNK Date Returned _____ By _____ WRIA: 47

APPLICATION

\$10⁰⁰ Fee

Appl. No.: 54-32807

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: N/A

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

Small underwater pump with line to residence.

C. Do you already have any water rights or claims associated with this property or system? YES NO
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 recreational
(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)
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 _____

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 98503-0210
_____ 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).