Dd Ck #581
$10.00 TM
12/14/98

RECEIVED
DEC 14 1998
DEPARTMENT OF ECOLOGY
CENTRAL REGION OFFICE

WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid _____
Date _____

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

Name MR & MRS. BHUPENDRASINH HARISINHJI RATHOD AND FAMILY Home Tel: (503) 252 - 0726
Mailing Address 433 N.E. 66 AVE. Work Tel: (____) ____ - ____
City PORTLAND State OR. Zip+4 97213 + 5025 FAX: (503) 252 - 0726

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 20 (☒ 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 IRRIGATION. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)** *NOTE: A tax parcel number or a plat number is not sufficient.* THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 7, TOWNSHIP 3 NORTH, RANGE 14 EAST, W.M. ALSO KNOWN AS PARCEL 68 OF HIGH PRAIRIE RANCH (UNRECORDED).
Estimate a maximum annual quantity to be used in acre-foot per year: 300

☐ 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.: Number of diversions: _____	A permit is desired for ONE well(s). Size: 6" depth: 580'
Source flows into (name of body of water):	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: FROM SOUTHWEST CORNER OF SECTION 7, (T3N; R14E), 2553 FT. EAST (APPROX.) 2427 FT NORTH. (APPROX.).

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
EAST 1/2	SOUTHWEST	7	3 NORTH	14 EAST	KLICKITAT			

For Ecology Use Date Received: DECEMBER 14, 1998 Priority Date: DECEMBER 14, 1998
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete JANUARY 8, 1999 By PMK Date Returned _____ By _____ WRIA: 30

ECY 040-1-14
Rev. 7/97 * * f

APPLICATION

Appl. No.: G4-32823

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: (N.A.)

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

SPRINKLER SYSTEM &
WATER WILL BE PUMPED FROM WELL WITH 3 H.P. OR 5 HP. PUMP

OR DRIP IRRIGATION

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.)

~~N/A~~ (DOMESTIC USE FOR HOME PERMIT ALREADY OBTAIN).

A. Number of "connections" requested: ONE(OWN). 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
(Completed for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: ~~78~~ 40

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

Use ALFALFA/TREES/BERRIES Acres ~~58~~

Use VEGETABLES Acres 20

Use _____ Acres _____

WE MAY TRY ... IES and OTH...

PER PHONE CALL BETWEEN MYSELF & MR. RATHOD ON 1 SEPT 2000. MR. RATHOD REQUESTS TO REDUCE THE NO. OF IRRIGATED ACRES TO 40 ACRES.
Shilpa M. Kerr

C. Total number of acres to be covered by this application: ~~78~~ 40

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, 197
‡ 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? ...NO
2. Do you have a controlling interest in a Family Farm Development Perm... ...NO
If yes, enter permit no.: _____

E. Farm uses:
Stockwater - Total # of animals NONE Animal Type N/A (If dairy cattle, see below)
Dairy - # Milking NONE # Non-milking NONE

DEC 1 9 2000

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 LYLE GO EAST ON CENTERVILLE RD. ABOUT 9½ MILES. FROM CENTERVILLE RD. GO NORTH ON SCHILLING RD ABOUT 2 MILES. GO half mile NORTH PASS INTERSECTION WITH HIGH PRAIRIE RD ON SCHILLING RD. THERE IS A HOUSE WITH BARN (GREEN COLOR ROOF NOW), JUST NORTH OF THAT PROPERTY IS 60 FT. EASEMENT GOING TO THE PROPERTY. GO EAST OFF THE SCHILLING RD IN THE EASEMENT FOR 1/2 A MILE PASS 16 FT. ALUMINUM GATE (AT 1/4 MILE) AND GO UP THE HILL ALONG THE NORTH FENCE TILL 100' FROM THE EAST FENCE. TURN RIGHT, THE WELL IS ABOUT 229ft to the SOUTH FROM THE NORTH FENCE AND APPROX. 117 ft WEST OF PROPERTY LINE OR. 155 FT FROM FENCE ON EAST SIDE (FENCE IS NOT ON PROPERTY LINE NOW).

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.

[signature] — Dec. 10TH 1998
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.

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).