WASHINGTON STATE DEPARTMENT OF ECOLOGY

RECEIVED JUN 16 1998 DEPARTMENT OF ECOLOGY CENTRAL REGION

Ck #6911 $15.00 TMM 6/16/98

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 Tom Ryan and Lorraine Ryan Home Tel:(509) ___ - 682-5909
Mailing Address BX 436 Rt 2 Work Tel:(___) ___ - _____
City Chelan State WA Zip+4 98816 + _____ FAX:(___) ___ - _____

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Tom Ryan Home Tel:(509) ___ - 6825909
Mailing Address Rt 2 BX 436 Work Tel:(___) ___ - _____
City Chelan State WA Zip+4 98816 + _____ FAX:(___) ___ - _____
Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 250 (☒ 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 _____. **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: DON'T KNOW

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From 4/1/96 to 10/31/96

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 A well(s).
Source flows into (name of body of water):	Size & depth of well(s): 8" X 205 ft

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 2300' SOUTH & 20' WEST OF THE NE CORNER OF SECTION 4

¼ of	¼ of	Section	Township	Range (E/W)	County	If location of source is platted, complete below: Lot	Block	Subdivision
SE	NE	4	28	23	Chelan			

For Ecology Use Date Received: JUNE 16, 1998 Priority Date: JUNE 16, 1998
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete _____ By _____ Date Returned _____ By _____ WRIA: 47

ECY 040-1-14
Rev. 9/95 F

APPLICATION

Appl. No.: G4-32707

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

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

40 HP pump - 6" MAIN LINES

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: 2 Type of connection HOMES (BACK-UP FOR SPRING)
(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: 103

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

Use Cooling water Acres 27
Use _____ Acres _____
Use _____ Acres _____

C. Total number of acres to be covered by this application: 103 - same not additive just more instantaneous
See Carol if not clear

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).

87+ AN APPITIONAL 16 ACRES IN THE SE 1/4 SW 1/4

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 50 Animal type BEEF CATTLE (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

JUN 1 0 1998

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. Start from Chelan, WA. - go 3 mi. N. 97 Alternate, turn left onto Apple Acres Drive, go 5 mi, turn left onto Antoine Creek Rd. (the sign is on the left side of the road.) drive 2½ mi. to Ryan Ranch on left side of road. Ask ~~resident~~ owner to show wellsite.

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.

X Tom C Ryan — Lorraine A. Ryan — 6-16, 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_____

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