



Pa ck #2927
\$30.00 TMH.
6/29/98

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|-----------------|
| For Ecology Use |
| Fee Paid _____ |
| Date _____ |

Please follow the attached instructions to avoid unnecessary delays.

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

Name WILLIAM G SNEYER Home Tel: (509) 689-6632
 Mailing Address P.O. BOX 423 Work Tel: () - _____
 City BREWSTER State WA Zip+4 98812 + _____ FAX: () - _____

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 170 GPM PMK (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. E 1/2 SE 1/4 SW 1/4 OF SEC 32, T. 31 N., R. 24 E
 Estimate a maximum annual quantity to be used in acre-feet per year: APPROX 15 ACRE FT/YR

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.: | A permit is desired for <u>2</u> well(s). |
| Number of diversions: _____ | |
| Source flows into (name of body of water): | Size & depth of well(s): <u>IRRIGATION - 8" CASING - APPROX 300'</u> <u>DOMESTIC - 6" CASING - APPROX. 250-300 FT.</u> |

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:
PMK 1A - 300 FT N + 70' E FROM THE S 1/4 CORNER SEC 32
PMK 1B - 350 FT N + 70' E FROM THE S 1/4 CORNER SEC 32

| 1/4 of | 1/4 of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | | |
|----------------------------------|--------------|-----------|------------|------------------------|--------|---|-------|-------------|
| | | | | | | Lot | Block | Subdivision |
| <u>EAST 1/2 OF SE 1/4 SW 1/4</u> | <u>SW SE</u> | <u>32</u> | <u>31N</u> | <u>24E.W.MOKANOGAN</u> | | | | |

For Ecology Use Date Received: JUNE 26, 1998 Priority Date: JUNE 26, 1998
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete _____ By _____ Date Returned _____ By _____ WRIA: 49

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: UNNAMED
- B. Briefly describe your proposed water system. (See instructions.)
DOMESTIC WELL - 6" CASING - APPROX. 250-300 FT.
1HP SUBMERSIBLE PUMP
IRRIGATION WELL - 8" CASING - APPROX 300'
3HP SUBMERSIBLE PUMP
- 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 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? N/A 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? N/A 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: 215
- 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: 20
- 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 10 Animal type CATTLE (If dairy cattle, see below)
Dairy - # Milking N/A # Non-milking N/A

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 BREWSTER, WA GO TO MILES SOUTH ON Hwy 97 TO INDIAN DAN CANYON RD. TURN RT & PROCEED 5 MILES UP INDIAN DAN CANYON. SITE IS ON LEFT SIDE OF ROAD.

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):

ON CONTRACT TO PURCHASE.

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.

Wm. A. Henry
Applicant (or authorized representative)

6-25-98
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).