



State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
 C# 32498
 Fee Paid 10.00
 Date 2/3/98
 TMH

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

Name GEBBERS FARMS, INC. Home Tel: (509) 689 - 2402
 Mailing Address P.O. BOX 7 Work Tel: (509) 689 - 2567
 City BREWSTER State WA Zip+4 98812 + FAX: (509) 689 - 3674

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name PHIL MADDEN Home Tel: (509) 687 - 3066
 Mailing Address 347 Willow Point Work Tel: (509) 421 - 9268
 City MANSON State WA Zip+4 98831 + FAX: ()
 Relationship to applicant CHELAN RANCH MANAGER



Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 850 (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, FROST CONTROL. 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: 400

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>1</u>	
Source flows into (name of body of water): <u>CHELAN RIVER, 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: 1200' West and 850' SOUTH FROM THE CENTER OF SECTION 4

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE</u>	<u>SW</u>	<u>4</u>	<u>27</u>	<u>22 E</u>	<u>CHELAN</u>	<u>5</u>		<u>GOVERNMENT</u>

For Ecology Use Date Received: FEBRUARY 3, 1998 Priority Date: FEBRUARY 3, 1998
 SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete FEB 4, 1998 By TMH Date Returned _____ By _____ WRIA: 47

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

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

The proposed irrigation system will be constructed as an addition to an existing system. The existing system serves permits #S4-31744P and #S430002P. The proposed addition will include roughly 2700' of 6" PVC pipe, 9200' of 4" PVC and one 40 HP centrifugal booster pump to lift approximately 400' vertical feet to parcel A. The lateral lines will be 1 1/4" PVC pipe, solid set, with Nelson Micro sprinklers.

C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION.

In reference to Permit #G4-27382P and Certificate #5476-A the legal descriptions of use overlap the proposed area of use in this application, however, the actual area of use of the above mentioned references do not overlap the proposed area of use described in this application. (See attached reference maps and documents).

B. Are you within the area of an approved water system?
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: 95

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 _____

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.

Orchard site:
W. of CHELAN ON STATE HIGHWAY 150 - 2.1 MILES
RIGHT ON BOYD ROAD - 4.4 MILES
RIGHT ON COOPER GULCH RD. - 3 MILES, SITE E. OF ROAD
POINT OF DIVERSION IS LOCATED:
W. OF CHELAN ON STATE HWY 150 - 4.1 MILES
ON LAKE CHELAN SHORELINE

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:

*EASEMENT - JOE ST. LOUIS
CHELAN, WASH.*

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.

Melvin Farn, Inc.

[Signature]
Applicant (or authorized representative)

Date

[Signature]
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).