Paid CR#507

WASHINGTON STATE DEPARTMENT OF ECOLOGY

RECEIVED AUG 15 1997 DEPARTMENT OF ECOLOGY

For Ecology Use

Fee Paid 10.00

Date 8/15/97

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

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

Name SUSAN DODGE Home Tel: (509) 548 - 5022

Mailing Address 321 - 9th St. Work Tel: (509) 548 - 5298

City LEAVENWORTH State WA Zip+4 98826 + 1403 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 ~~5,000 gallons~~ 50 (☒ 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 household use. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE.** (**See instructions.**) *NOTE: A tax parcel number or a plat number is not sufficient.* NW1/4 SW1/4 Sec. 18 T24 N. R 18E WM

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

APPLICANT KNOWS SHE CAN USE WATER UNDER THE DOMESTIC EXEMPTION BUT WANTS A PERMIT ANYWAY.

[signature]

1 OCT 97

If SURFACE WATER	If GROU
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions:	A permit
Source flows into (name of body of water):	Size & de 6-5.5

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below: Lot	Block	Subdivision
NW	SW	18	24	18 E	Chelan			

For Ecology Use Date Received: AUG 15, 1997 Priority Date: AUG 15, 1997

SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #

Date Accepted As Complete 15 SEPT 1997 By PMK Date Returned By WRIA: 45

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

APPLICATION

Appl. No.: G4-32579

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: ROTARY

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

1/4 HP pump into a pressure tank domestic use

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:_____ Type of connection _____
(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 _____

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.

address 8460 mountain Home Road
1.9 miles from end of pavement - driveway on the right side of Primitive Road.
From Leavenworth, turn rt on E. Leavenworth Rd - (1st rt after bridge) then take 1st left onto Mtn. Home 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):

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.

Susan Dodge — Applicant (or authorized representative) — 6/30/97 — 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).