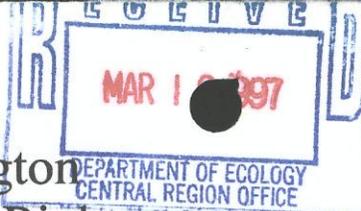




State of Washington  
Application for a Water Right



For Ecology Use  
Fee Paid 10.00  
Date 3/19/97  
CK# 11609

Please follow the attached instructions to avoid unnecessary delays.

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

Name Cathedral of Joy Home Tel: (509) 627 - 1109  
Mailing Address 325 Gage Rd Work Tel: (509) 627 - 1109  
City Richland State WA Zip+4 99352+9693 FAX: (509) 627 - 4961

**Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION**

Same as above

Name Phillip Boucher Home Tel: (509) 627 - 8002  
Mailing Address 112 Timmerman Dr Work Tel: (509) 627 - 1109  
City Richland State WA Zip+4 99352 + FAX: (509) 627 - 2335  
Relationship to applicant Assistant Pastor

**Section 3. STATEMENT OF INTENT**

The applicant requests a permit to use not more than 800 ( 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 OTHER: Ground source heat pump (see back page also). 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: Non-Consumptive (see back page also)

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**

<p><b>If SURFACE WATER</b></p> <p>Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:</p> <p>Number of diversions: _____</p> <p>Source flows into (name of body of water): _____</p>	<p><b>If GROUNDWATER</b></p> <p>A permit is desired for <u>3</u> well(s). <u>Two wells will be purged, and then water injected back into the same aquifer by an injection well</u></p> <p>Size &amp; depth of well(s): <u>2 wells drilled 12" in diameter and one drilled 12" in diameter for an injection well. (see back page also)</u></p>
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**LOCATION**

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: pumping well #1 approximately 250 south and 1800 ft east from the NW corner of Sec 35 T9N R28E. Pumping well #2 approximately 150 ft south and 1900' east from the NW corner of Sec 35 T9N R28E. Injection well #3 approximately 855 ft south and 1770 ft east of the NW corner of Sec 35 T9N R28E.

Well #	¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
							Lot	Block	Subdivision
#1	NE ¼	NW ¼	35	9N	28E	Benton			
#2	NE ¼	NW ¼	35	9N	28E	Benton			
#3	NE ¼	NW ¼	35	9N	28E	Benton			

For Ecology Use Date Received: 3/19/97 Priority Date: 3-19-97  
SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 3/24/97 By KB Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 37

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: Ground Source Heating and Air Conditioning System
- B. Briefly describe your proposed water system. (See instructions.)  
*water will be pumped from wells #1 and #2. This water will pass through a heat exchanger, and then be injected back into the ground at well #3. the system will be a non-consumptive well system. Only change will be water temperature.*
- 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.

*From Columbia Center shopping center, go west on Gage Road 2.7 mil to the Cathedral of Joy church, which will be on your left.*

**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.

*J. V. White* President  
Applicant (or authorized representative)

2/25/97  
Date

*J. V. White* President  
Landowner for place of use (if same as applicant, write "same")

2/25/97  
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 3, water to used as a heat sink only. Application is for three wells  
 Two wells to use pumping wells, water to go through a heat exchanger to provide heating and cooling for a ground source heat pump system for about 120,000 ft<sup>2</sup> of floor space, for several buildings. Water will then be injected back into the same aquifer by drilling a third well. Water will not be consumed. The only affect will be changing the water temperature.

Section 4 Two wells 12" in diameter are needed to provide water as one main supply wells and one well as needed to provide up to 800 gal/min and as a back up in case the main well needs mainteance.

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<input type="checkbox"/> 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).