



State of Washington Application for a Water Right Permit

SURFACE WATER GROUND WATER
 Permanent Temporary Short Term
(CSRIA VRA Drought Permit)
Follow the attached instructions. Attach additional sheets as necessary.

8 JUN 30 15:37

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

DEPT. OF ECOLOGY
FISCAL BUDGET

Section 1. APPLICANT

\$50 fee OK - 26 72.08

Applicant/Business Name: Stemilt Irrigation District		Phone No: (509) 663-4696	Other No: (509) 669-0968
Address: 1213 LaVerne Place			
City: Wenatchee	State: WA	Zip: 98801	
Email Address (optional):			

Contact Name (if different from above): Bob Mathison		Phone No: 509-669-0968	Other No: FAX (509) 665-0835
Relationship to Applicant: Chairman			
Address: P.O. Box 158			
City: Wenatchee	State: WA	Zip: 98807	
Email Address (optional): bob.mathison@stemilt.com			

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: To avoid interruption of Columbia River water rights during low water-year periods.

Anticipated length of time to complete your project: ?

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (if known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Irrigation of Fruit Trees	2,800			Seasonal
TOTAL:				

6-24-08

54-35199
54-265392

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? YES NO

Is this request for a temporary permit? YES NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ___/___/___ TO: ___/___/___

RECEIVED
JUL 02 2008

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE

For Ecology Use	APPLICATION NO: <u>54-35199</u>	SEPA: Exempt/Not Exempt
Fee Paid: <u>06/30/08</u>	Check No: <u>6226535</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>06-30-2008</u> By <u>[Signature]</u>
		WRIA: <u>40 CTRCAN</u>

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input checked="" type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>Columbia River</u> Tributary to: _____ Number of proposed diversion points: <u>1</u> Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Well diameter & depth: _____ Number of proposed points of withdrawal: _____ Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____

C.) Point of Diversion/Withdrawal - Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
 _____ feet (North/ South) and _____ feet (East/ West)
 from the (NW SW NE SE _____) corner of Section _____
Latitude 47° 22' 45"
Longitude 120° 14' 35"
(Columbia River Mile 461.9)

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
 _____ feet (North/ South) and _____ feet (East/ West)
 from the (NW SW NE SE _____) corner of Section _____

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? YES NO
 If no, do you have legal authority to make this application for use of another's land? YES NO (Easement)
 Provide the owner name(s), address, and phone number: Jim Beavers (509) 662-8449

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

T 22 N R 20 E S - 25 + 26
T 22 N R 21 E S - 19, 20, 27, 28, 29, 30, 31, 32, 33, 34
T 21 N R 20 E S - 1, 2, 11, 12, 13, 14, 15, 22, 23, 24, 27
T 21 N R 21 E S - 3, 4, 5, 6, 7, 18

¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? YES NO.

If no, do you have legal authority to make this application for use of another's land? YES NO
 Provide owner name(s), address, and phone number: Stemilt Irrigation District Assessment Role (enclosed)

Are there any other water rights or claims associated with this property or water system? YES NO
 If yes, provide the water right and/or claim numbers: 54-26539, 54-30199 P
R4-31831

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The Stemilt Irrigation District pumps water out of the Columbia river and delivers it to the District water users using 5 pump stations #1 elevation 610 ft, #2 715 ft, #3 953 ft, #4-1,280 ft #5 also 1,280 ft. (See attached sheets)

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION (N/A)

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate 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, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO

Do you have a controlling interest in a Family Farm Development Permit? YES NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES (N/A)

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE N/A

Will you be using a dam, dike, or other structure to retain or store water? YES NO

Are you proposing to store more than 10 acre-feet of water? YES NO

Will the water depth be 10 feet or more? YES NO

If you answered yes to any of the above questions, please describe: _____

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 complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Wenatchee drive South on the Malaga - Alcoa highway until Stemilt Creek Road. Do not go up Stemilt Creek road but instead take a left toward the Columbia River and stop by a closed gate. Walk from there down to the pumping station #1.

Site Address: _____

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application 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 the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

<u>Robert C. Mathison</u> Print Name (Applicant or authorized representative)	<u>Robert Mathison</u> Signature	<u>6/10/08</u> Date
<u>R. Nicholas Fox</u> Print Name (Landowner of Place of Use)	<u>R. Nicholas Fox</u> Signature	<u>6/10/08</u> Date
<u>Garlan D. Racus</u> Print Name (Landowner of Place of Use)	<u>Garlan D. Racus</u> Signature	<u>6/10/08</u> Date
<u>Jan Huebber</u> Print Name (Landowner of Place of Use)	<u>Jan Huebber</u> Signature	<u>06/10/08</u> Date
<u>Gordon C Goodwin</u>	<u>Gordon C Goodwin</u>	<u>06/10/08</u>

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Please check the region in which your proposed project is located.

- Southwest Northwest Central Eastern

Columbia River Program

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300

Northwest Regional Office: 425-649-7000

Central Regional Office: 509-575-2490

Eastern Regional Office: 509-329-3400