

① ~~applicant's name~~ - probably should be the association

② ~~uses~~ - any uses you think you might have now or in future (irrigation, stockwater are examples)

③ ~~quantity~~ - we use 10 gpm per household and 10 gpm per acre as guidelines

④ ~~irrigation, number of acres~~ - need to know number of acres to be irrigated if irrigation will be a use (see no. 1.)

⑤ ~~location of well~~ - need "name of short plat"

⑥ ~~location where water will be used~~ - need complete, comprehensive description of all properties to be served by this well - also, need Chelan County Assessor's map(s) of any properties not covered by initial map

⑦ ~~questionnaire~~ - needs to be answered and signed if irrigation will be a use

⑧ ~~section mapping~~ - need specific written driving directions

G431469

From

Mary Ann Autrey Johnson
Dept. of Ecology



ECON-O-GRAM
"To Provide Faster Service
at Lower Cost"

INCLUDE
MAIL
STOPS

To

Peringtons, et al

Subject

FILE #

Ground Water Application

PLEASE
REPLY BY:

3/11/92

NO REPLY
REQUIRED

Message

FOLD

Your application and check No. 3072 have been returned because additional information is needed. I have attached a list of the information which will be required. There are also additional questions which may not pertain to your project. If they do, you will need to answer them. You will retain your priority date of February 26, 1992, if you return the application, check and the requested information by March 11, 1992.

Attachment: list

SIGNATURE

Mary Ann Autrey Johnson

PHONE NO.

(509) 575-2800

DATE

2/26/92

Reply

FOLD

431469

SIGNATURE

PHONE NO.

DATE

FORM S.F. 1

ORIGINATOR: SEND WHITE AND YELLOW COPIES TO RECIPIENT

RECIPIENT: RETURN YELLOW COPY IF A REPLY IS NECESSARY

ORIGINATOR'S FOLLOW-UP COPY

(1/2) applicant's name - probably should be the association

① uses - any uses you think you might have now or in future (irrigation, stockwater are examples)

② quantity - we use 10 gpm per household and 10 gpm per acre as guidelines

③ irrigation, number of acres - need to know number of acres to be irrigated if irrigation will be a use (see no. 1.)

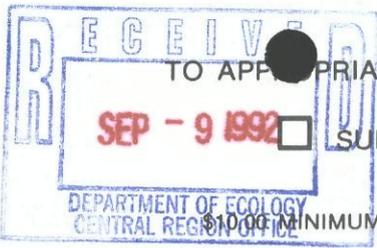
④ - ~~the~~ location of well - need name of short plat

⑤ ~~the~~ location where water will be used - need complete, comprehensive description of all properties to be served by this well - also, need Chelan County Association map(s) of any properties not covered by initial map

⑥ - ~~the~~ questionnaire - needs to be answered and signed if irrigation will be a use

⑦ section mapping - need specific written driving directions

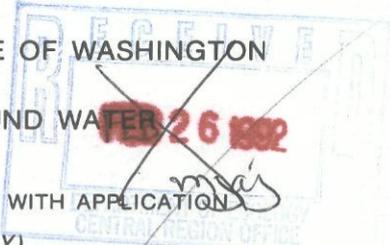
G431469



APPLICATION FOR PERMIT
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

SURFACE WATER

GROUND WATER



\$1000 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION

(GRAY BOXES FOR OFFICE USE ONLY)

APPLICATION NO.	W.R.I.A.	COUNTY CHELAN	PRIORITY DATE 9/9/92	TIME	ACCEPTED
-----------------	----------	------------------	-------------------------	------	----------

APPLICANT'S NAME - PLEASE PRINT
 Stewart M Pennington III, H. ENAR THOR, Mary T. Anderson,
 JOHN W. FISHBURNE

Bus. Tel. 548-4879
 Home Tel. 548-6148
 Other Tel.

ADDRESS (STREET) 10402 FOX RD (CITY) LEAVENWORTH (STATE) WA (ZIP CODE) 98826

DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION

1. SOURCE OF SUPPLY

IF SURFACE WATER	IF GROUND WATER
SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE)	SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC.) A well
TRIBUTARY	SIZE AND DEPTH 8" x 200 FT

2. USE

USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.)
 DOMESTIC

ENTER QUANTITY OF WATER REQUESTED USING UNITS OF:	CUBIC FEET PER SECOND (CFS)	OR	GALLONS PER MINUTE (GPM)	ACRE FEET PER YEAR
			6,200 gal/day	
TIMES DURING YEAR WATER WILL BE REQUIRED year around				

IF IRRIGATION, NUMBER OF ACRES	IF DOMESTIC USE, NUMBER OF UNITS BY TYPE, E.G. 1-HOME, 1-MOBILE HOME, 2-CAMPSITES, ETC. 7 HOMES	IF MUNICIPAL USE, ESTIMATED POPULATION 20 YEARS FROM TODAY
DATE PROJECT WAS OR WILL BE STARTED 10-'88	DATE PROJECT WAS OR WILL BE COMPLETED 5-'92	

3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

3A. IF IN PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)	SECTION	TOWN	RANGE
22			6	24N	18E

ALSO, PLEASE ENCLOSE A COPY OF THE PLAT AND MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION

3B. IF NOT IN PLATTED PROPERTY

ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION. SHOW NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER.

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE (E. OR W.) W.M.	COUNTY
---	---------	-------------	-----------------------	--------

4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED. IF NOT, INSERT NAME & ADDRESS OF OWNER
 MR. & MRS STEWART PENNINGTON PO. BOX 909 LEAVENWORTH, WA 98826

5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

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 CAREFULLY IN THE SPACE BELOW.

SEE ATTACHED SHORT PLAT

9431469

WHAT IS YOUR INTEREST IN THE PROPERTY ON WHICH WATER IS TO BE USED (PROPERTY OWNER, LESSEE, CONTRACTOR, PURCHASER, ETC.)

PROPERTY OWNERS

ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

YES

NO

IF YES, FROM WHAT SOURCE (i.e. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY

6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

8" x 200 well supplying a 2,000 gal holding tank which serves seven households in the vicinity.

REMARKS

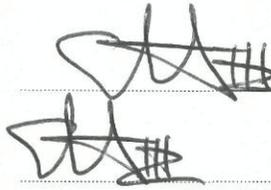
7.

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

Stewart McKinnon Penington III

LEGAL LANDOWNERS NAME (PLEASE PRINT)



APPLICANT'S SIGNATURE

LEGAL LANDOWNER'S SIGNATURE (OWNER OF PROPERTY DESCRIBED IN ITEM NUMBER 5)

P.O. Box 909 LEAVENWORTH WA 98826

LEGAL LANDOWNER'S ADDRESS

FOR OFFICE USE ONLY

STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

} ss.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows:

In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before....., 19.....

Witness my hand this.....day of....., 19.....