Steven Solberg
Kimberly Solberg
2116 S Newer Ct.
Spokane Valley WA 99037-8313

For Ecology Use
(Date Stamp)

RECEIVED
SEP 12 2007
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington

# Application for a Water Right Permit

☒ SURFACE WATER ☐ GROUND WATER
☒ Permanent ☐ Temporary ☐ Short Term

*Follow the attached instructions. Attach additional sheets as necessary.*

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

## Section 1. APPLICANT

| | | |
|---|---|---|
| Applicant/Business Name: STEVE SOLBERG | Phone No: (509) 926-6838 | Other No: WORK (509) 747-2179 |
| Address: 2116 S. NEWER CT. | | |
| City: SPOKANE VALLEY | State: WA. | Zip: 99037 |
| Email Address (optional): STEVES@LSENG.COM | | |

| | | |
|---|---|---|
| Contact Name (if different from above): | Phone No: | Other No: |
| Relationship to Applicant: | | |
| Address: | | |
| City: | State: | Zip: |
| Email Address (optional): | | |

## Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: IRRIGATION PURPOSES - GRASS, SHRUBS & TREES

Anticipated length of time to complete your project: 3 MOS. - MAXIMUM

**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) ☐ Cubic Feet per Second (CFS) ☒ Gallons per Minute (GPM) | Acre-Feet per Year (AF/YR) (If known) | Period of Use (Continuously or Seasonal) |
|---|---|---|---|
| IRRIGATION | 5-10 MAX | <.05 OR 15,000 GAL. MAX | SEASONAL |
| | .01-.02 cfs | | |
| | | | |
| | | | |
| TOTAL: | | | |

**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: ____/____/____

| For Ecology Use | |
|---|---|
| | APPLICATION NO: S3-30548 SEPA: Exempt/Not Exempt |
| | Fee Paid: 50.00 Check No: 4888 ECY Coding: 001-001-WR1-0285-000011 |
| Date Returned ____ By ____ | Priority Date 9-10-2007 By KARJ WRIA: 62 |

Pend oreille



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## Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

| A.) If Surface Water Source | B.) If Ground Water Source |
|---|---|
| ☐ Spring ☐ Creek ☒ River ☐ Lake<br>☐ Other:_____ | ☐ Well(s) ☐ Other:_____ |
| Source Name: PEND O'REILLE RIVER | Well diameter & depth:_____ |
| Tributary to: COLUMBIA RIVER | Number of proposed points of withdrawal:_____ |
| | Do you have an existing well? ☐ YES ☐ NO |
| Number of proposed diversion points: 1 | If available, attach Water Well Report and pump test. |
| Do you have an existing diversion? ☐ YES ☒ NO | Well Tag ID No._____ |

**C.) Point of Diversion/Withdrawal – Legal Description**

| Parcel No. | ¼ | ¼ | Section | Township | Range | County |
|---|---|---|---|---|---|---|
| #9 | | | 3 | 36N | 43E | PEND O'REILLE |
| Lot(s) | Block(s) | | Subdivision | | | |
| — | — | | UN-NAMED | | | NEWMAN SURVEY |

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

±2500 Feet (☐ North/☑ South) and ±300 feet (☐ East/☑ West)

from the (☐NW ☑SW ☐NE ☐SE ☐ ____) corner of Section 34, TN 37N, R43E

| Parcel No. | ¼ | ¼ | Section | Township | Range | County |
|---|---|---|---|---|---|---|
| ~~#9~~ | | | ~~3~~ | ~~36N~~ | ~~43E~~ | ~~PEND O'REILLE~~ |
| 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
Provide the owner name(s), address, and phone number:_____

## 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.**

26651 LECLERC RD. IONE, WA. 99139

SEE ATTACHED

| ¼ | ¼ | Section | Twp. | Range | County | Parcel No. |
|---|---|---|---|---|---|---|
| | | 3 | 36N | 43E | PEND O'REILLE | 9 |

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:_____

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:_____

**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.**



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## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): FOOT VALVE & SUCTION PIPE TO PUMP & BLADDER-TYPE PRESSURE TANK NEAR RIVER-BANK, DISCHARGE TO YARD HYDRANT FOR IRRIGATION PURPOSES. PUMP SHALL BE 3/4 H.P., ± 10 GPM @ 35' HD. PRESSURE TANK, 20 GALLON W/ TOP-MOUNTED PUMP.

## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

| A.) Domestic Water Systems only | B.) Municipal Water Systems only (*defined under RCW 90.03.015*) |
|---|---|
| Projected number of connections to be served: 1 | Present population to be served water: _____ |
| Type of connections: FUTURE REC. CABIN (*e.g., home, recreational cabin*) | 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? ☐ YES ☒ 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? ☐ YES ☒ 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 = ± .75 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: —



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**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

**Hydropower**

Indicate total feet of head ___0___ 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

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: PUMP-MOUNTED, 20 GALLON PRESSURE TANK IN PUMP-HOUSE

*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 IONE BRIDGE (ORANGE) GO SOUTH ON LE CLERC RD. APPROX 5.5 MILES, LOCATED IMMEDIATELY NORTH OF ROUND, BLUE/GRAY HOUSE W/ ANTENNAS

Site Address: 26651 LE CLERC, IONE WA. 99139



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## Section 11. REQUIRED SIGNATURES

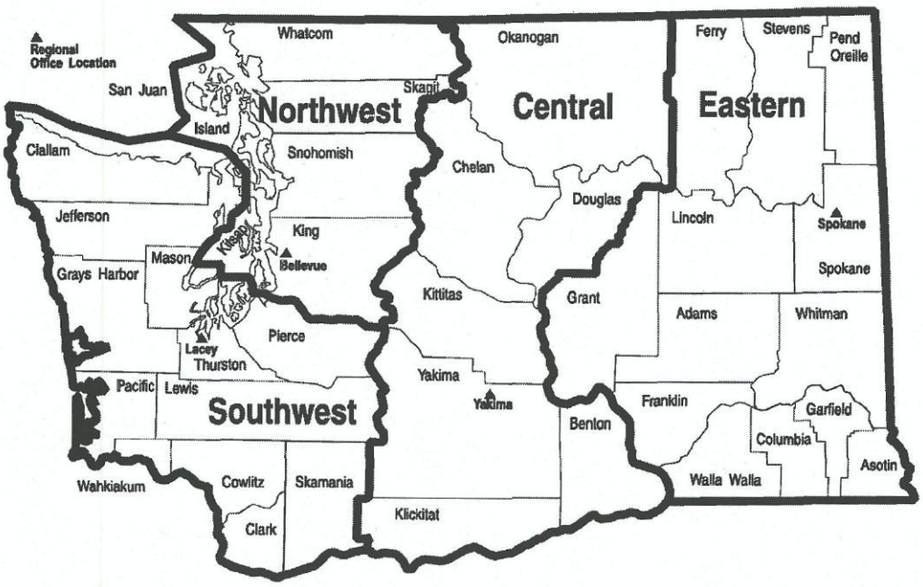
**I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the 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.**

| Print Name | Signature | Date |
|---|---|---|
| STEVE SOLBERG<br>(Applicant or authorized representative) | Steve Solberg | 9-6-07 |
| STEVE SOLBERG<br>(Landowner of Place of Use) | Steve Solberg | 9-6-07 |
| Kim Solberg<br>(Landowner of Place of Use) | Kim Solberg | 9/6/07 |
| (Landowner of Place of Use) | | |

**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

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

*If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341*



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