WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid $50.00
Date 1-24-07

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

Name Richard F. DeJean Home Tel:(360)829-1223

Mailing Address P.O. Box 867 Work Tel:(____)____-____

City Sumner State WA Zip+4 98390+____ 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 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 2-13-2007 Cont. Dom. Supply, irrigation of 3 AC. Per ph. call w/ Mr. DeJean! R. Ruf. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE.** (**See instructions.**) *NOTE: A tax parcel number or a plat number is not sufficient.* S½ of N.E¼ & N½ of SE¼ of Sec 32, Twn 16N, R24E, W.M.

Estimate a maximum annual quantity to be used in acre-feet per year: 5 Acre Feet

☐ 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

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions:	A permit is desired for 1 well(s).
Source flows into (name of body of water):	Size & depth of well(s): 6"

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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:

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below: Lot	Block	Subdivision
~~NE~~	N E	32	16N.	24E	Grant			

For Ecology Use Date Received: 01-24-2007 Priority Date: 01-24-2007

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

Date Accepted As Complete 03-10-2007 By KAR Date Returned____ By____ WRIA: 41

508-14 Subarea

Appl. No.: G3-30528

ECY 040-1-14
Rev. 7/01 * * f

APPLICATION

2-20893

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

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

Well, pump & distribution system

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: ~~1~~ 4 small cabins & a small guest house Type of connection Recreational home
(Homes, Apartment, Recreational, etc.)

B. Are you within the area of an approved water system? NO ☐ 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: 3

B. List total number of acres for other specified agricultural uses:

Use Vineyard Acres 2
Use _____ Acres _____
Use _____ Acres _____

C. Total number of acres to be covered by this application: 3

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 6000 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 20 Animal type horse (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.

Take Hwy 243 south from Vantage bridge - take a left on Crab Creek Rd (about 5 miles from bridge) go up Crab Creek Rd about 4½ miles (to Game Dept parking lot for Lake Lenice)

Section 10. REQUIRED MAP

A. Attach a map of the project. **(See instructions.)** See attached Site Plan

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.

Richard DeJean — Jan 23, 07
Applicant (or authorized representative) — Date

same
Landowner for place of use (if same as applicant, write "same") — Date

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G3-30528

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_____

Ecology is an Equal Opportunity employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).