$77.78

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 5-8-06
CK#9414

RECEIVED
MAY - 8 2006
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

$27.78 CK# 5047 Rcvd 5-17-2006

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

Name Mendenhall Properties Home Tel:(208) 661 - 5600
Mailing Address 4400 S. Schilling Loop Work Tel:(Same
City Post Falls State ID Zip+4 83854 + FAX:(208) 777 - 2029

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Larry Steckman Home Tel:(208) 755 - 5833
Mailing Address 3175 W. Seltice Work Tel:(208) 777 - 2024
City Post Falls State ID Zip+4 83854 + FAX:(208) 777 - 2029
Relationship to applicant Asset Manager

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 350 (☒ 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 Domestic Public Supply, Residential Commercial/ **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:

☐ 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 __/__/__

5-30-2006 continuous municipal supply per call w/ L. Steckman K. Yerbich

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). NECESSARY TO ACHEIVE 350 gal/MIN.
Source flows into (name of body of water):	Size & depth of well(s):

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: SEE ATTACHED MAP -

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below: Lot	Block	Subdivision
NE or SE 1/4	SW 1/4	24	31N	R45EWM	Pend Oreille ✓			

For Ecology Use Date Received: 5-8-2006 Priority Date: 5-8-2006
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #
Date Accepted As Complete 5-30-2006 By Kay Date Returned 5-12-06 By Kay WRIA: 62

Appl. No.: G3-30513

ECY 040-1-14
Rev. 7/97 * * f

APPLICATION

Little Spokane River basin

CC: Kalispell Tribe
Pend Oreille County Health Dept
State Health

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: MENDENHALL WATER WORKS

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

MUNICAPLE WATER DISTRIBUTION SYSTEM FOR RESIDENTIAL COMMUNITY.

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: 450 Type of connection 90% Homes 10% Light IND.
(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.* City of Newport INAD. Water supply.

5-30-2006 unsure if they are within their service area.

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.) -NA-

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, as amended by Chapter 237, Laws of 2001)
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 _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

APPLICATION

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. Municiple above ground water storage tank estimated - 300,000 - 400,000 gal.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. North from Spokane on Hwy 2 to Newport. Turn right at Hwy Access mile post 331.90 in the NE¼ of NW¼ of Sec 26 T 31N R 45. See attached Map.

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.

Wes Mundell — 5-4-06
Applicant (or authorized representative) — Date

Wes Mundell — 5-4-06
Landowner for place of use (if same as applicant, write "same") — Date

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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):	
_X_ Examination fee was not enclosed Rcv'd $50.00 : 350gmp = $77.78	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 Kaye Ulrich Date 5-12-06

Ecology is an Equal Opportunity and Affirmative Action employer.

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

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