WASHINGTON STATE DEPARTMENT OF ECOLOGY

# State of Washington
# Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED FEB - 9 2004 DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

For Ecology Use
Fee Paid 10.00
CK 9448
Date 2-9-2004

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

Name William (Bill) T & Kit W Maris Home Tel:(360) 293- 2721

Mailing Address 6099 State Route 20 Work Tel:(360) 734- 4505

City Anacortes State WA Zip+4 98221 + ____ FAX:(360) 734- 4556

## 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 139 [illegible] (☒ 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 Irrigation. **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: 2

☐ 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.:<br><br>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" X 216' |

**LOCATION**

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

FROM NE COR SECT 27-2640' WEST THEN SOUTH 2500 +/- THEN EAST 100' +/-

| ¼ of | ¼ of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: Lot | Block | Subdivision |
|---|---|---|---|---|---|---|---|---|
| NW | SE | 27 | 32 | 40E | Stevens | | | |
| | | | | | | | | |

For Ecology Use Date Received: February 9, 2004 Priority Date: 2-9-2004

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

Date Accepted As Complete March 4, 2004 By Kay Date Returned ____ By ____ WRIA: 59 Stevens Co.

Appl. No.: G330417

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

**APPLICATION**

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

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

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:_____ Type of connection _____
(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.*

**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: 36

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

Use ALFALFA _____ Acres 36
Use _____ Acres _____
Use _____ Acres _____

C. Total number of acres to be covered by this application: 36

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: POTENTIAL FUTURE
Stockwater - Total # of animals 20 Animal type BEEF (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.

HWY 395 TO QUARRY BROWNS LAKE ROAD 2 MILES S. of Chewelah. WEST ACROSS HENNI ROAD TO 2607-B QUARRY BROWN'S LAKE ROAD (TWO MILES FROM HW 395). TURN LEFT (SOUTH) INTO GRAVEL DRIVE. WELL IS PROXO 900' SOUTH & 100' EAST OF DRIVE WAY. CASEING IS PROXO 2' ABOVE GRADE

## 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.**

William L Marks — 11-3-03
Applicant (or authorized representative) — Date

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

G330417

**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).