1-62ft well

WASHINGTON STATE DEPARTMENT OF ECOLOGY

# State of Washington
# Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED JAN - 5 2004 DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

For Ecology Use
Fee Paid 10.00 $ order 885760875
Date 1-6-2004

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

Name Dwane Skjothaug See below Home Tel:(509)624-9506

Mailing Address 4809 W 61st Ave. Work Tel:(____)____-____

City Spokane State Wa Zip+4 99224 +____ 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 100 (☒ 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 Continuous Domestic use, Irrigation 5 Acres, fire Control **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: 100gpm/36 Acre ft yr 5-1 to 9-30

☐ 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>Number of diversions: ____ | A permit is desired for 1 well(s).<br>62 ft. deep, 12 ft. Static level, 6" hole, Maintains 50' water |
| Source flows into (name of body of water): | Size & depth of well(s):<br>6" X 62 ft. deep |

**LOCATION**

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1093 ft. W and 935 ft. N. of SE Corner S3, T24, R42

| ¼ of | ¼ of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: Lot | Block | Subdivision |
|---|---|---|---|---|---|---|---|---|
| SW | SE | 3 | 24 | 42 | Spokane | ~~24~~ | 23 ~~24~~ | CSASZI's |
| | | | | | | | | |

For Ecology Use Date Received: January 5, 2004 Priority Date: 1-5-2004 Spokane Co.

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

Date Accepted As Complete 1-14-2004 By Kay Date Returned____ By____ WRIA: 56

Assignment of G3-30413 8/12/04
Dwane Skjothaug to include:
Donna M. Sprague
4012 W Hallett Road
Spokane, WA 99224

Appl. No.: G3-30413

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

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Well

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

East half of Parcel # 03424-0106. Single pump & domestic holding tank with several hydrants, all underground, all conventional grade.

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: 15 Type of connection Home-domestic
(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: 5 ACRES

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

Use _____ Acres 0
Use _____ Acres 0
Use _____ Acres 0

C. Total number of acres to be covered by this application: 5 ACRES

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? No ☐ 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 _____

## 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.

4807 W 61st
Spokane, Wa. 99224

## 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.**

Duane Strathang — 12, 5, 2003
Applicant (or authorized representative) — Date

Duane Strathang — 1-5-2004
Landowner for place of use (if same as applicant, write "same") — Date



G5000113

**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).