



State of Washington
Application for a Water Right **AUG 16 2002**

For Ecology Use
Fee Paid 10.00
Date 8-16-02
CHK # 21099

Please follow the attached instructions to avoid unnecessary delays.

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

Name Union Gospel mission / Tshimakain creek camp Home Tel: (509) 535 - 9720
Mailing Address 1224 E. Trent Work Tel: (509) 258 - 4257
City Spokane State WA Zip+4 99202 + FAX: (509) 535 - 0315

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Ken Weddle Home Tel: (509) 258 - 4257
Mailing Address 6088 martha Boardman Rd. Work Tel: (Same)
City Ford State WA Zip+4 99013 + FAX: (509) 258 - 7198
Relationship to applicant Camp Administrator

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 20 (X) 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 The yearly operation of Tshimakain Creek Camp. 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-foot 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 ___/___/___

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.:	A permit is desired for <u>1</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>6" casing, 3/4 HP, 157' Deep</u>

LOCATION

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

640' West And 640' South of the N.E. corner of Section 15, Township 27 And Range 39E.

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE</u>	<u>NE</u>	<u>15</u>	<u>27</u>	<u>39E</u>	<u>STevens</u>			

For Ecology Use Date Received: 8-16-02 Priority Date: 8-16-02
SEPA: Exempt Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 7-19-03 By KY Date Returned _____ By _____ WRIA: 54

sent aep HR 9-4-03 Kay

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

cc: Spokane Tribe

Appl. No.: G 10197

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Tshimakain Creek Camp Well
- B. Briefly describe your proposed water system. (See instructions.)
 Pump type - Submersible; manufacturer - Baker Mfg. Co; model - A-12
 3/4 HP; 1 1/4" pipe from well; NOT for irrigation; Domestic use only.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. Surface water from Spokane River for Irrigation. STATE of Washington. Dept. of Ecology, cert # 53-22764c
 Dated 2/27/74

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION

(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: ~~3~~ ¹⁸ KAW 5-15-03 Type of connection 1 house, 5 cabins, shop, Dining Hall, The rest are recreational.
 (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

(Completed for all irrigation and agriculture uses.)

Domestic use only.

- A. Total number of acres to be irrigated: 0
- 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)
 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 2000 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 _____

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.

(From Spokane to Tshimakain Creek Camp)
drive west on I-90 And TAKE HWY 2 TO AIRWAY HEIGHTS,
Continue Thru Airway Heights TO reardon and Turn Right on Hwy 231
(Hwy 231 is Located BETWEEN U.S. BANK and CHEWON GASTATION). Drive North
Approx 14 mi. you will cross over Spokane river then TAKE LEFT on
Martha Boardman Rd. From Martha Boardman Road take 1st driveway on
LEFT and continue TO camp.

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.

Kenneth A Weddle
Applicant (or authorized representative)

8-15-02
Date

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

Date

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: <i>Applicant wishes to amend application</i>	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff Laurie Dahmen Date 4-25-03

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).