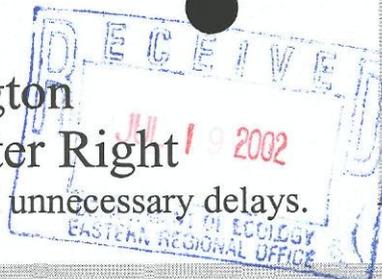




# State of Washington Application for a Water Right



For Ecology Use  
Fee Paid \$10.00  
CX # 67P  
Date 7-19-2002

Please follow the attached instructions to avoid unnecessary delays.

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

Name Arden Hill Water Association Home Tel: (509) 685-9915  
Mailing Address 785 Arden Butte Road Work Tel: (509) 685-9915  
City Colville State WA Zip+4 99114 + FAX: ( ) -

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name John L. Moser Home Tel: ( ) -  
Mailing Address 785 Arden Butte Road Work Tel: ( ) -  
City Colville State WA Zip+4 99114 + FAX: ( ) -  
Relationship to applicant Member & Vice President

## Section 3. STATEMENT OF INTENT

Continuous Community Domestic Supply  
The applicant requests a permit to use not more than 60 (  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. 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: 52

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>2</u> well(s).
Number of diversions: _____	(1) Well Field, no well logs available.
Source flows into (name of body of water):	Ecology well tags #ABR 215, #AGG011
	Size & depth of well(s): 6"dia, X119' and 127'

### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: From South West Cornaer Section 11, North 2,800 ft, East 575 Ft. and 587 FT.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>NW</u>	<u>11</u>	<u>34N</u>	<u>39E</u>	<u>Stevens</u>	<u>5</u>		<u>Arden Hill</u>
<u>NW ?</u>	<u>SE (?)</u>							

For Ecology Use Date Received: July 19, 2002 Priority Date: July 19, 2002  
SEPA: Exempt Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 11-8-2002 By [Signature] Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 59

Appl. No.: 63 320366

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: Arden Hills Water Association ID # 02885 T
- B. Briefly describe your proposed water system. (See instructions.)  
 Domestic use:  
 System has existed since 1979, we can find no record of any water rights application requests done previously.
- 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: 31 Type of connection Homes  
 (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? 1979 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: \_\_\_\_\_
- 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 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 \_\_\_\_\_

**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.

Existing 25,000 gallon in ground tank

**Section 9. DRIVING DIRECTIONS**

Provide detailed driving instructions to the project site.

Hyway 395 to Arden, East to Arden Butte Road.

**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):  
Wells are located on Lot # 5 of Arden Hills Sub-division, and deed on Lot #5 allows rights to property and water.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the applicant own the land on which the water source is located?  
If no, submit a copy of agreement:

YES  NO

*10-25-02 call  
Kauf w/ John*

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.

Arden Hills Water Association / *J. M. ...* July 16, 2002  
Applicant (or authorized representative) Date

Same July 16, 2002  
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:	
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).