



State of Washington Application for a Water Right

MAY 16 2002

For Ecology Use

Fee Paid 10.00

CHK # 3611

Date 5-16-2002

Please follow the attached instructions to avoid unnecessary delays.

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

Name Doug Lundgren CFB Ventures LLC Home Tel: (509) 547 - 3330
 Mailing Address 14787 Dodd Road 341 Sunnybank Rd Work Tel: (509) 547 - 3330 509
Barbank PASCO State WA Zip+4 99301 + 99301 FAX: (509) 543 - 9448 546-2624

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 1,200 (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 Industrial/Manufacturing/Commercial. ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. See attached Statutory Warranty Deed containing legal description of property for place of use.

Estimate a maximum annual quantity to be used in acre-feet per year: 1,936

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>One (1)</u> well(s).		
Number of diversions: _____								
Source flows into (name of body of water):						Size & depth of well(s): <u>Well to be designed after receipt of water right approval.</u>		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>Exact location of well has not been established yet but will be selected in coordination with the Washington Department of Health (WDOH).</u>								
¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SE</u>	<u>NW</u>	<u>34</u>	<u>8N</u>	<u>31E</u>	<u>Walla Walla</u>			
For Ecology Use Date Received: <u>5-16-2002</u> Priority Date: <u>5-16-2002</u>								
SEPA: <input checked="" type="checkbox"/> Exempt / Not Exempt FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>9-19-2002</u> By <u>KT</u> Date Returned _____ By _____ WRIA: <u>32</u>								

Appl. No.: G 330358

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

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

The water system will serve a development designed for industrial/manufacturing/commercial users. The system, including the well, storage tank, and distribution mains, will be designed in accordance with WDOH requirements for Group A Non-Community, Non-Transient systems. The design details of the well and pump will be based on an analysis of available information from surrounding wells and pumping tests.

C. Do you already have any water rights or claims associated with this property or system? * YES NO
PROVIDE DOCUMENTATION. *Irrigation water rights are provided to the property by South Columbia Irrigation District through a surface canal from the Columbia River.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 10 to 20 Type of connection Industrial/Manufacturing/Commercial
(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.

* A water system plan and a conservation plan will likely be prepared as required by WDOH during the planning/design process.

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, 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 _____

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 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).

G-330358