State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED FEB 6 2002 DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

For Ecology Use
Fee Paid 10.0
Date 2-6-02

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

Name PAUL HENDRICKSON Home Tel: (509) 635 - 1605
Mailing Address Box 338 Work Tel: (509) 635 - 1144
City GARFIELD State WA Zip+4 0388 + ____ FAX: (____) ____ - ____

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION
☐ Same as above

Name PAUL HENDRICKSON Home Tel: (509) 635 - 1605
Mailing Address Box 338 Work Tel: (509) 635 - 1144
City GARFIELD State WA Zip+4 99130 + 0338 FAX: (____) ____ - ____
Relationship to applicant ____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1000 (☑ 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 COMMERCIAL - BOTTLING WATER. **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: 1613.3

☐ 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.: Number of diversions: ____	A permit is desired for 3 well(s).
Source flows into (name of body of water):	Size & depth of well(s): AS REQUIRED

LOCATION

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

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NW	NW	34	18N	45E	WHITMAN			

For Ecology Use Date Received: 2-6-02 Priority Date: 2-6-02
SEPA: Exempt/Not Exempt FERC License # — Dept. Of Health # —
Date Accepted As Complete 2-19-02 By DT Date Returned — By — WRIA: 34

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

APPLICATION

Appl. No.: G330344

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: N/A

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

DRILL WELLS ~~FOR~~ FOR WATER TO BOTTLE

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: N/A 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
(Completed for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: N/A

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.

GO N.E. OF GARFIELD ON WALTER SIDING ROAD 3/4 OF A MILE TO TOP OF HILL.

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.

[signature] 2-4-02
Applicant (or authorized representative) Date

[signature] 2-4-02
Landowner for place of use (if same as applicant, write "same") Date

[signature] 2-6-02
Susan O Lowe 2-6-02

G380344

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).