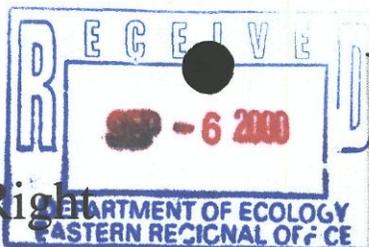




State of Washington
Application for a Water Right



For Ecology Use
Fee Paid \$20.00
Date 9-7-2000

Please follow the attached instructions to avoid unnecessary delays.

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

Name Moab Irrigation District No. 20 Home Tel: () -
Mailing Address P.O. Box 81 Work Tel: (509) 226 - 0545
City Newman Lake State WA Zip+4 99025 + FAX: (509) 226 - 3077

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

Name George Stegemann Home Tel: () -
Mailing Address P.O. Box 81 Work Tel: (509) 226 - 0545
City Newman Lake State WA Zip+4 99025 + FAX: (509) 226 - 3077
Relationship to applicant Manager

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 2,000 (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 Municipal. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Area served by Moab Irrigation District No. 20
Estimate a maximum annual quantity to be used in acre-foot per year: 630
 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>(3)</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): 1. dia. = 12 inches, depth = 190 feet 2. dia. = 16 inches, depth = 195 feet 3. dia. = 18 inches, depth = 200 feet

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:
1. 2540 feet east and 170 feet south from NW. corner of Section 25
2. 2510 feet east and 120 feet south " " "
3. 2490 feet east and 160 feet south " " "

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>NW</u>	<u>25</u>	<u>26</u>	<u>45</u>	<u>Spokane</u>			

For Ecology Use Date Received: 9-6-2000 Priority Date: 9-6-2000
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 12-18-2000 By K.S. Date Returned _____ By _____ WRIA: 57

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Moab Irrigation District No. 20
- B. Briefly describe your proposed water system. (See instructions.)
 The Moab Irrigation District was created in 1969 with 3 wells. Well No. 1 has a 75 hp pump which pumps 400 gpm, Well No. 2 has a 200 hp pump which pumps 1,800 gpm, and Well No. 3 has a 250 hp pump which pumps 2,300 gpm. The system has a 1,000,000 gallon concrete tank to store water. Presently, the system serves 242 domestic/irrigation connections and 362 domestic connections. There are 700 existing homes in the Moab service area which primarily pump water from Newman Lake for domestic use. Dept. of Health considers this situation a health hazard. Moab would serve water to these homes to eliminate the health hazard.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. certificate no's. G3-01478c and G3-24609c
see attached documents

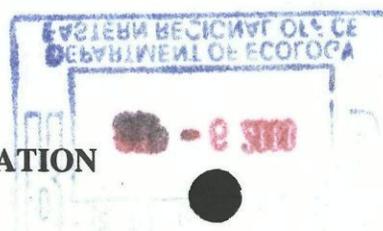
Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 700 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.* Can connect to existing system, but additional water rights are needed
- 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? 1994 Please attach the current approved version of your plan.
D.O.E. has copy
- 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.)

NA

- 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 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

concrete tank

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.

The wells are located 14 miles east of the city limits of Spokane, Washington at 25805 E. Trent Road (Hwy. 290), and approx. 1/2 mile west of the Washington/Idaho border.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See attached map.

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):

Moab Irrigation District No. 20 is a water purveyor which was established in 1968 to provide water to customers in its service area. Presently, there are approximately 604 connections in the District.

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.

Geoy Stepanian : Manager
Applicant (or authorized representative) Moab Irrigation Dist #20 Date 9/5/00

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

Date

G330301

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).