

State of Washington Application for a Water Right



CR# 220468
For Ecology Use
Fee Paid \$10.00
Date 2-22-2000

Please follow the attached instructions to avoid unnecessary delays.

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

Name Janet Kay Grow Trust Home Tel: (509) 349 - 2000
 Mailing Address 11653 Hwy 17 S Work Tel: (509) 349 - 2715
 City Warden State WA Zip+4 98857 + 9592 FAX: (509) 349 - 8048

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Brad Boersma Home Tel: (509) 349 - 7375
 Mailing Address 11653 Hwy 17 S Work Tel: (509) 349 - 2715
 City Warden State WA Zip+4 98857 + 9592 FAX: (509) 349 - 8048
 Relationship to applicant Farm Manager 546 7435

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 400 (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 Stock Water, DUST CONTROL. 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: 560 Acre Foot

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>(X) 4</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): See Attached "A"

LOCATION

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

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>(NW)</u>	<u>SW</u>	<u>36</u>	<u>17N</u>	<u>29E</u>	<u>Grant</u>			
<u>(SW)</u>	<u>SW</u>	<u>36</u>	<u>17 N</u>	<u>29E</u>	<u>Grant</u>			

For Ecology Use Date Received: 2-22-2000 Priority Date: 2-22-2000
 SEPA: Exempt Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 1-29-01 By KP Date Returned _____ By _____ WRIA: 41

Section 5. GENERAL WATER SYSTEM INFORMATION

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

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

See Attachment "C"

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: _____ 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 STOCKWATER Acres 100 APPROX

Use DUST CONTROL Acres 25 APPROX

Use _____ Acres _____

C. Total number of acres to be covered by this application: 125

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 20,000 Animal Type Beef (If dairy cattle, see below)

Dairy - # Milking _____ # Non-milking _____

FEB 5 5 2000

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.

See Attachment "D"

Section 10. REQUIRED MAP

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

SEE ATTACHMENT I

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

YES NO

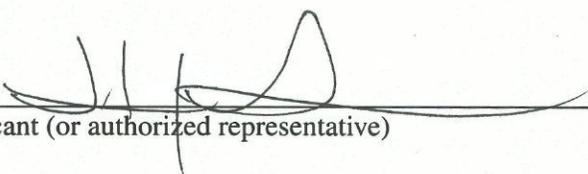
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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.



Applicant (or authorized representative)

2/16/00

Date

Same

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

2/16/00

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 _____

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To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).