



State of Washington
Application for a Water Right



For Ecology Use

Fee Paid \$10.00

Please follow the attached instructions to avoid unnecessary delays.

I-59 Family Farm

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

Name Tracy L. Maniglia Home Tel: (509) 738-4005
 Mailing Address 42247 19th Avenue Rd Work Tel: _____
 City Kettle Falls State WA Zip+4 99141 + FAX: _____

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 (.14 cfs) (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 Watering - Seasonal Run Off. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Later 4-6-acres-irrigate Maybe Hydro-Power Application
 Estimate a maximum annual quantity to be used in acre-foot per year: Continuous Stockwater & Hydropower supply and seasonal irrigation of 6 acres
 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

(unnamed spring)

| | |
|--|--|
| If SURFACE WATER | If GROUNDWATER |
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>Seasonal Run-Off Possible Spring Off of Mountain</u> | A permit is desired for _____ well(s). |
| Number of diversions: <u>1 (I think Federal, to the West)</u> | |
| Source flows into (name of body of water): <u>small-pond (no name)</u> | Size & depth of well(s): |

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 |
| <u>SE 1/4</u> | <u>SE 1/4</u> | <u>3</u> | <u>36</u> | <u>31 E</u> | <u>Ferry</u> | | | |

For Ecology Use Date Received: 6-29-1998 Priority Date: 6-29-1998
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 9-27-2000 By KS Date Returned _____ By _____ WRIA: 58

Add FERC paragraph to letter.

Possible Springs Stewed Over For Year Around

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: No Name

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

If it rains enough, the run off, or possible spring runs into the small pond, some years & over it, heading East, running into the draw, where my home well is located, in Sec. 2. Possibly to irrigate ~~4~~ ⁶ acres later, along with watering a few head of horses & cattle.

C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION.

Vested water rights in chain of Title (Warranty Deed)

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: ^{Per phone conv. 7-25-00} ~~4~~ ⁶ (later) - Probably Al Patka or Timothy

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: ~~4~~ ⁶

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 6 Animal Type Cattle & Horses (If dairy cattle, see below)

Dairy - # Milking 1-2 # Non-milking 1-2

TT - 9 1000

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

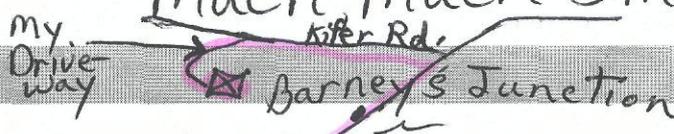
YES NO

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.

Much Much Smaller

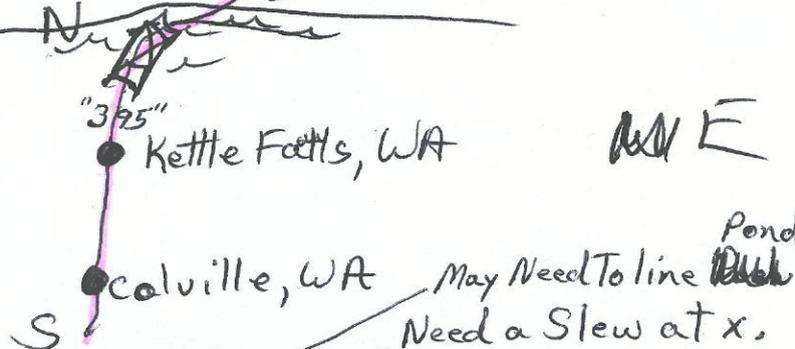
Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.



W

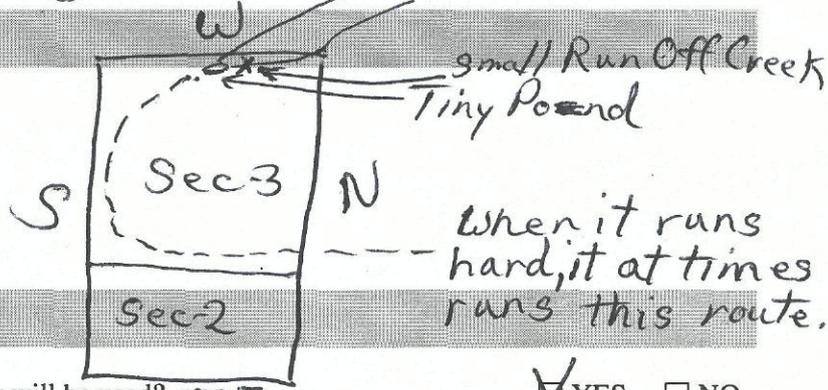
(Approx 2 1/2 miles from "Barney's Junction")



Section 10. REQUIRED MAP

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

Not much of a project.



Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? *W/E*
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

YES NO

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

YES NO

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.

Gracy L. Maniglia
Applicant (or authorized representative)

6-23-98
Date

SAME
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 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).