State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED
OCT 13 1998
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

For Ecology Use
Fee Paid $10.00
Date 10-13-98
CK # 3166

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

Name (STERLING WATER (HOA)) Home Tel: (509) ~~922~~ 927 - ~~6092~~ 1717
Mailing Address PO Box 205 Work Tel: (509) ~~927~~ - ~~1427~~
City (VALLEYFORD State WA Zip+4 99036) + ____ FAX: (509) ~~927~~ - ~~1427~~

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name (TODD Belangie ~~DIANNE WILSON~~) per phone call w/ Dianne Wilson 10-19-00 KS. Home Tel: (509) ~~922~~ 927 - ~~6092~~ 1717
Mailing Address 16121 E 39TH LANE Work Tel: (509) ~~927~~ - ~~1427~~
City GREENACRES State WA Zip+4 99016 + ____ FAX: (509) ~~927~~ - ~~1427~~
Relationship to applicant MANAGER FOR "STERLING WATER"

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (THIRTY 30) (☒ 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 DOMESTIC / PUBLIC SUPPLY. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)** *NOTE: A tax parcel number or a plat number is not sufficient.* (Continuous Multiple domestic supply)
Estimate a maximum annual quantity to be used in acre-foot per year: (10 ACRE FEET)

☐ 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 (ONE) well(s).
Source flows into (name of body of water):	Size & depth of well(s): DIAMETER : 6 INCHES DEPTH : 560 FEET

LOCATION

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

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
(SE	NW	36	25 N	44 E	SPOKANE	1	3800	SP84193)

For Ecology Use Date Received: 10-13-1998 Priority Date: 10-13-1998
SEPA: Exempt/Not Exempt FERC License # ____ Dept. Of Health # ____
Date Accepted As Complete 11-14-2000 By KS. Date Returned ____ By ____ WRIA: 57

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

APPLICATION PP126

Appl. No.: G 330243

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: STERLING WATER

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

STERLING WATER
APPROVED FIVE-CONNECTION
PUBLIC WATER SYSTEM
GROUP B # 025924

DOCUMENTS ATTACHED

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: FIVE 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.* WE ARE A SYSTEM WITHIN OURSELVES.

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: _____

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 _____

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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. SOUTH ON SULLIVAN TO SALTESE. LEFT ON SALTESE TO SOUTH CONKLIN. RIGHT ON S. CONKLIN TO SECOND DRIVEWAY ON THE RIGHT WHICH IS ALSO 36TH LANE. GO TO END OF LANE. THE PUMP HOUSE IS LOCATED TO THE LEFT.

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):

STERLING WATER IS OWNED BY STERLING MEADOWS HOME OWNERS ASSOCIATION. THE PRESIDENT IS CLYDE WILSON, OWNER OF THE LAND ON WHICH THE LAND IS LOCATED.

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

AGREEMENT ATTACHED

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.

Dianne J Wilson — Applicant (or authorized representative)
10-9-98 — Date

Dianne J Wilson — Landowner for place of use (if same as applicant, write "same")
10-9-98 — Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer. ATTACHED DOCUMENTS

1. MAP OF SHORT PLAT SP-841-93
2. DECLARATION OF COVENANT
3. DEPARTMENT OF HEALTH "WATER SYSTEM APPROVAL"
4. STERLING WATER GROUP B PERMIT
5. PUMP HOUSE STATISTICS
6. COPY OF WELL LOG - WATER WELL REPORT
7. COPY OF (WFI)
8. LEGAL DESCRIPTION

Thank-you

D Wilson

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).