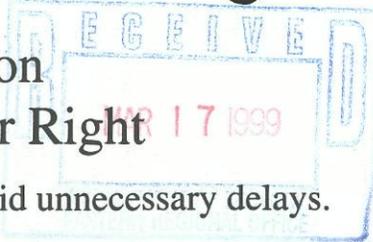




State of Washington Application for a Water Right



For Ecology Use
 Fee Paid \$10.00
 Date 3-17-99

Please follow the attached instructions to avoid unnecessary delays.

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

Name (Peggy E + Carl M Klingeman JR) Home Tel: (509) 488 - 2572
 Mailing Address 2073 W Bench Work Tel: (509) 488 - 9756
 City (Othello) State WA Zip+4 99344 FAX: (509) 488 - 2731

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Carl M Klingeman JR Home Tel: (509) 488 - 2572
 Mailing Address 2073 W Bench Work Tel: (509) 585 - 1516
 City Othello State WA Zip+4 99344 FAX: (509) 488 - 2731
 Relationship to applicant (Same)

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 6 (40 gpm) 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 Supply. 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: 6.48

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 Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: _____ Source flows into (name of body of water): _____	If GROUNDWATER A permit is desired for <u>(1)</u> well(s). <u>Existing well (Drilled in 1954)</u> Size & depth of well(s): <u>6 inch 320' Feet Deep</u>
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LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:
Approx. 1448' from NE corner of Section 15 T15N R29E Tax # 424 in FU 206 Block 45

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 1/4 NW 1/4)</u>		<u>15</u>	<u>15</u>	<u>29E</u>	<u>Adams</u>	<u>Q</u>		<u>U206 B1K45</u> <u>CBP</u>

For Ecology Use Date Received: 3-17-99 Priority Date: 3-17-1999
 SEPA: Exempt / Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 11/15/1999 By JK Date Returned _____ By _____ WRIA: 36

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Carl Klingeman Well
- B. Briefly describe your proposed water system. (See instructions.)
 6" Domestic Well 30 Feet deep pumping from 300 feet
 1 1/2 Hp submersible pump with 50 gal captive air
 storage currently. Probably the storage will increase
 Currently serving two house holds will increase number
 in time.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. See attached
 Proctor Filed Water Right Claim Registration # 086587 SRC 6
 WRIA 36
note: irrigation water is provided by Dist. Wtr.

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION

(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 6 Type of connection 3 Homes and 10 R.V. Spots Homes - Recreational
 (Homes, Apartment, Recreational, etc.) *per ph call 3/24/99 w/ Mr. Klingeman JK*
- 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: 0
- 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 4 Animal Type Horses (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.

Go south on SR-24 from Othello 1 mile
Turn ~~Right~~ Left on Bench Road.
Go 1450 ft Project site on Right of the Carl
Klingeman Property

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.

Carl Klingeman
Applicant (or authorized representative)

3/14/99
Date

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

Date

I have examined this application as required by SEPA and find that it is: not an "action".

categorically exempt.

11/15/99 [Signature]
DATE SIGNATURE

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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).

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APPLICATION