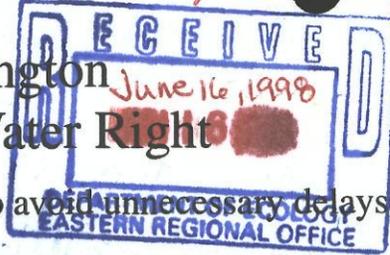




State of Washington
Application for a Water Right

Note: Applicant Resubmitted app. on 10/7/99 w/in 30 days w/ no process & hold priority date



For Ecology Use
Fee Paid \$10.00
Date 6/18/1998
OK # 209

Please follow the attached instructions to avoid unnecessary delays.

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

Name Ardenbrook Community Irrigation System Home Tel: (509) 684 - 3271
Mailing Address 656 Pseudoreille Loop Work Tel: (509) 738 - 1511
City COLVILLE State WA Zip+4 99114 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above
Name PAT DOOLIN Home Tel: () -
Mailing Address same as above Work Tel: () -
City _____ State _____ Zip+4 _____ + FAX: () -
Relationship to applicant Lot owner - #27

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 200 (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 stockwatering and field irrigation. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. CONTINUOUS STOCKWATERING & SEASONAL IRRIGATION OF 87 ACRES
Estimate a maximum annual quantity to be used in acre-foot per year: 130 acre ft

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. <u>LITTLE Pseudoreille river</u>	A permit is desired for _____ well(s). <u>NA</u>
Number of diversions: <u>one</u>	
Source flows into (name of body of water): <u>COLVILLE river</u>	Size & depth of well(s): <u>NA</u>

LOCATION
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1950 ft. South 715 ft. West of N.E. COLVILLE
Section 10, T34N, R39E

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>NE 1/4</u>	<u>10</u>	<u>34N</u>	<u>39E</u>	<u>STEVENS</u>			<u>Ardenbrook</u>

For Ecology Use Date Received: _____ Priority Date: 6-18-1998
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 5-12-2000 By KT Date Returned _____ By _____ WRIA: 59

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Arden Brook Community Irrigation System
- B. Briefly describe your proposed water system. (See instructions.)
 Irrigation and stock watering for Lots #19 through #39 in Arden Brook subdivision. Some owners use small PVC pipe only. Currently four use 2" or 3" inch aluminum FR. pipe for grazing pasture. Water is drawn from Little Pend Oreille river via. 10HP pump capacity approx. 200 G.P.M. underground pipe is used through easement, then 4" aluminum above ground branching to individual lots. We will limit our pump to 10HP maximum and water every other day to cut our current use in half, and install a usage meter if necessary. We have virtually no topsoil so ground dries and grass dies very quickly.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION.
Attach easement info lots 37-39

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

- A. Number of "connections" requested: NA 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? NA 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: Parts of approx 80 acres.
- B. List total number of acres for other specified agricultural uses:
 Use stock watering Acres 6.69
 Use _____ Acres _____
 Use _____ Acres _____
- C. Total number of acres to be covered by this application: 86.69
- 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.: NA
- E. Farm uses:
 Stockwater - Total # of animals < 50 Animal Type Horses, sheep, beef cattle (If dairy cattle, see below)
 Dairy - # Milking None # Non-milking None



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. Point of diversion:
Drive south from COLVILLE on highway 395 APPROX 6 MILES. TURN EAST ON
HALL ROAD. TURN NORTH ON OLD AVDEN HWY, PROCEED APPROX. 740 FT TO NORTH END
OF PEND OREILLE ~~RD~~ ^{LOOP}. PROCEED APPROX 1/4 MILE (1582 FT) TO 23 FT WIDE EASEMENT
LEADING SOUTH APPROX. 290 FT. TO IRRIGATION PUMP @ LITTLE PEND OREILLE RIVER.
ONLY LOTS #18 THROUGH #39 ARE CONNECTED TO SYSTEM (SEE PLAT MAP)

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):

INDIVIDUAL OWNERS OF AVDENBROOK S/D LOTS 18 THROUGH 39 ARE MEMBERS
OR POTENTIAL MEMBERS OF THE AVDENBROOK COMMUNITY IRRIGATION SYSTEM

B. Does the applicant own the land on which the water source is located?

YES NO

If no, submit a copy of agreement: IT IS PRESUMED THAT THE STATE OF WASHINGTON
IS THE OWNER OF THE LITTLE PEND OREILLE RIVER WHERE POINT OF DIVERSION
IS LOCATED

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.

orig. 6-16-1998 *

Patrick J. Doolin (System president)
Applicant (or authorized representative)

10-7-99
Date

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

Date

* Note: Original app submitted
6/18/99 & signed prior to that.
Today on 10/7/99 Mr. Doolin resubmitted
app. w/ lower Qi & QA as a new app.
Since it was within the 30^{day} requested
APPLICATION timeframe, H. Spangle accepted app
w/ older priority date + per my ok. L.K.
10/7/99

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: <i>Returned app on 9/15/99 due to <u>closed</u> source.</i>	
Please provide the additional information requested above and return your application by <u>Oct 15, 1999</u> (date).	

Ecology staff *Linda M. Kieff* Date 9/15/99

Note: 10-7-99 Applicant returned app to resubmit with lower Q's and QA's, even though in closed area. H. Spangle rec'd app. L. Kieff OK'd

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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).