



For Ecology Use  
 Fee Paid \$10.00  
 Date 3-12-98 JK  
 ck #2789

State of Washington  
 Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

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

Name Bruce D. Reid Home Tel: (509) 545-4744  
 Mailing Address 20 Ridgeview Drive Work Tel: (509) 372-4135  
 City Pasco State WA Zip+4 99301-8808 FAX: (509) 372-6421

**Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION**

Same as above President of Home Owners Association  
 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 (500 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 residential irrigation. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. (See attached map and description on last page.)  
 Estimate a maximum annual quantity to be used in acre-feet per year: 200 acre-ft/yr  
 SEASONAL IRRIGATION OF 24 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**

<b>If SURFACE WATER</b>	<b>If GROUNDWATER</b>
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>one</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>10"-8" 200 ft depth</u>

**LOCATION**

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 2390 ft North and 2890 ft West of SOUTH EAST corner of Section 13. (THIS is southeast corner of Tract A)

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 NW 1/4 (OR) NE 1/4 SW 1/4</u>	<u>W 1/2</u>	<u>13</u>	<u>10 N</u>	<u>28 E, W.M.</u>	<u>Franklin</u>	<u>18 of 2</u>	<u>11 of 3</u>	<u>River Ridge Estates</u>
						<u>(SE corner of Tract A)</u>		

For Ecology Use Date Received: 3/12/98 Priority Date: 3/12/98  
 SEPA: Exempt/Not Exempt \_\_\_\_\_ FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 5/6/99 By JK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 36

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: River Ridge Estates Homeowner's Association
- B. Briefly describe your proposed water system. (See instructions.) This irrigation water system is proposed to be used in lieu of <sup>(irrigation)</sup> water currently being consumed from the existing domestic (potable) water system under permit 63-27506P (attached). An underground distribution system will be constructed to each lot, and delivered via in-well pump. Current potable water system uses treated (Cl\*added) water which is undesirable for lawn irrigation. Pump will be sized to deliver capacity and pressure suitable for irrigation needs for 29 lots ~~Tract A~~.
- 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**  
(Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 24
- 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: 24
- 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 \_\_\_\_\_

G 330151  
MMS 1 S 1988

**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. From the intersection of I-182 and Road 68 north of Pasco: Travel 7.0 miles north on Road 68 (take care to remain on Road 68 at intersection with Taylor Flats Road), left on Rivershore, left on Ridgeview Drive.

**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.

Bruce D Reid President, River Ridge Estates Home Owners Association  
Applicant (or authorized representative)

3/1/98  
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.

5/6/1999  
DATE

S. Kieder  
SIGNATURE

G 330151

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

Section 3.0: Land to be irrigated includes Lots 1-18 of Block 2; Lots 1-11 of Block 3; and Tract A of River Ridge Estates located in W. 1/2, Section 13 Township 10N, Range 28 E., W.M.

PLACE OF USE

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 \_\_\_\_\_

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

G 330151