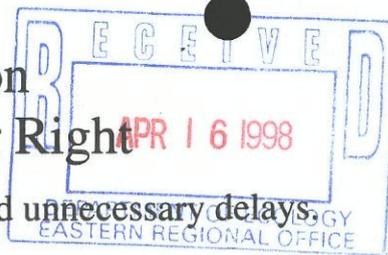




# State of Washington Application for a Water Right



For Ecology Use  
 Fee Paid \$10.00  
 Date 4-16-98  
 CK # 8073 JK

Please follow the attached instructions to avoid unnecessary delays.

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

Name Lowell Nash Home Tel: (509) 787 - 2005  
 Mailing Address 8483 Rd. F N.W. Work Tel: ( ) -  
 City Ephrata State Wa Zip+4 98823 + FAX: ( ) -

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

Same as above

Name Alvin R. Burgess Home Tel: (509) 765 - 4844  
 Mailing Address 101 Basin N.W. Work Tel: (509) 754 - 3515  
 City Ephrata State Wa Zip+4 98823 + FAX: (509) 754 - 0842  
 Relationship to applicant Realtor

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (100 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, stockwater, dairy installation (expansion) 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: 30 Ac. Feet  
CONTINUOUS SINGLE domestic supply and stockwatering "under section WAC  
 Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
#173-134A-080 (1) "  
 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>1</u> well(s).                     |
| Number of diversions: _____  |   |
| Source flows into (name of body of water):   | Size & depth of well(s): <u>6" casing</u><br><u>220' deep</u> |

### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: ~~2640 East and 60 Feet South~~

2640 Feet East and 60 Feet South From the NW 1/4 Corner of Sec. 19  
Being within NW 1/4 of NW 1/4 of Section 19 T20 R26 E

| 1/4 of                | 1/4 of | Section   | Township  | Range (E/W) | County       | If location of source is platted, complete below: |       |             |
|-----------------------|--------|-----------|-----------|-------------|--------------|---|-------|-------------|
|                       |        |           |           |             |              | Lot   | Block | Subdivision |
| <u>NW 1/4 NW 1/4</u>  |        | <u>19</u> | <u>20</u> | <u>26 E</u> | <u>Grant</u> |   |       |             |
| <u>N 1/2 N 1/2 of</u> |        |           |           |             |              |   |       |             |

For Ecology Use Date Received: 4/16/1998 Priority Date: 4-16-1998  
 SEPA:  Exempt /  Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 7/15/99 By LK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 41

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: \_\_\_\_\_

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

*(Well already in)*

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

*Re: GW claim # 92514*

**Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION**

*(Completed for all domestic/public supply uses.)*

A. Number of "connections" requested: 1 Type of connection Home + Dairy Operation  
(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: \_\_\_\_\_

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 750 Animal Type \_\_\_\_\_ (If dairy cattle, see below)

Dairy - # Milking 500 # Non-milking 250

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**APPLICATION**

**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 Ephrata go South on Dodson Rd. to Rd. 9 then West on Rd 9 across Rd E approximately 3/4 mile to dairy farm on South side of Rd. 9.*

**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.

Alvin R. Burgess Realtor  
Applicant (or authorized representative)

4/15/98  
Date

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

4/15/98  
Date

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

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3/15/99  
DATE [Signature] SIGNATURE

APPLICATION

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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