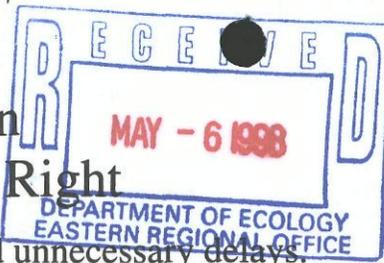




State of Washington  
Application for a Water Right



For Ecology Use  
Fee Paid \$10.00  
Date 5-6-98  
CK # 005506 EK

Please follow the attached instructions to avoid unnecessary delays.

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

Name SUNLEAF WATER SYSTEM Home Tel: ( 509 ) 265 - 4488  
Mailing Address 861 Sheffield ROAD Work Tel: ( ) - SAME  
City MESA State WA Zip+4 99343 + FAX: ( 509 ) 265 - 4490

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

Same as above

Name DAVID R. SUNLEAF Home Tel: ( ) SAME AS ABOVE  
Mailing Address SAME AS ABOVE Work Tel: ( ) -  
City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ + FAX: ( ) -  
Relationship to applicant OWNER

**Section 3. STATEMENT OF INTENT**

The applicant requests a permit to use not more than 50 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/Public, Agriculture/Farm, Commercial. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. SEE MAP

Estimate a maximum annual quantity to be used in acre-foot per year: 30 ACRE-FOOT  
CONTINUOUS MULTIPLE DOMESTIC SUPPLY, COMMERCIAL SUPPLY, and STOCKWATERING  
 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>1</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>6 INCH DIAMETER, 289 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:

1360 feet south AND 420 feet west of the Northwest corner of section 35

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>E 1/2</u>	<u>NE</u>	<u>34</u>	<u>13N</u>	<u>30E</u>	<u>FRANKLIN</u>	<u>2</u>		<u>short plat 95-20</u>
<u>W 1/2</u>	<u>NW</u>	<u>35</u>	<u>13N</u>	<u>30E</u>	<u>"</u>	<u>1:2</u>		<u>"</u>

For Ecology Use Date Received: 5/6/1998 Priority Date: 5/6/1998  
SEPA:  Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 7/21/99 By LK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 36

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: SUNLEAF WATER SYSTEM
- B. Briefly describe your proposed water system. (See instructions.)  
*The REQUESTED WATER will ALLOW FOR the EXPANSION of our SQUAB PROCESSING OPERATION. The water will be pumped FROM the well with a SUBMERSIBLE pump (currently 3 H.P.) to the PROCESSING BUILDING through A SINGLE 2" PVC pipe. STORAGE TANKS will be located AT the processing BUILDING. The WATER is USED AS A public water supply FOR the employees who WORK IN the plant AND ALSO AS A water supply FOR the PROCESSING PROCESS. A SECOND connection through A 2" PVC pipe will be MADE to PROVIDE A BACKUP water system FOR stock water AND DOMESTIC HOUSE WATER.*
- 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: 2 Type of connection PROCESSING PLANT, FARM  
 (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.*

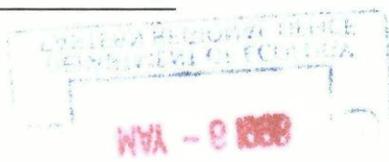
**Complete C. and D. only if the proposed water system will have fifteen or more connections.**

- 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: 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 20,000 Animal Type Pigeons (If dairy cattle, see below)  
 Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

G 330169



**Section 8. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water?

WASTE WATER  
EVAPORATION POND

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.

ALREADY APPROVED BY D.O.E.

**Section 9. DRIVING DIRECTIONS**

Provide detailed driving instructions to the project site.

TAKE HWY 395 to HWY 17 EXIT BY MESA, WA. TURN NORTH on HWY 17 to 1ST MESA EXIT. TAKE EXIT to Columbia Street. TURN LEFT AND go WEST up the hill approximately 1 mile to site on left (South) side of ROAD.

**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.

David R. Sunleaf  
Applicant (or authorized representative)

5-1-98  
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.  
7/21/99 L. Kiefer  
DATE SIGNATURE

G 330169

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).

G 330169

APPLICATION