



For Ecology Use
 Fee Paid \$ 10.00
 Date 10-8-97
 CK: # 4679

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 Bob A. MORRIS Home Tel: (509) 466-4323
 Mailing Address 9112 N. 7 MILE Rd Work Tel: (509) 466-4323
 City NINE MILE FALLS State WA Zip+4 99026 + FAX: (509) 466-6806

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

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 140 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, stock + irrigation. 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-feet per year: 54
 Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed: IRRIGATION OF 10.5 ACRES
 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>(/)</u> well(s). Size & depth of well(s): <u>8" and 65'</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: 800 ft. south and 99 ft. east from NW 1/4 of NW 1/4 Section 21 being within SW 1/4 of NW 1/4 of NW 1/4 Section 21 Township 26 RANGE 42E

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</u>	<u>NW 1/4</u>	<u>21</u>	<u>26N</u>	<u>42E</u>	<u>SPOKANE</u>			

For Ecology Use Date Received: 10-8-97 Priority Date: 10-8-1997
 SEPA Exempt Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 12/14/98 By LK Date Returned _____ By _____ WRIA: 54

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

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

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

GW, CLAIM # 126400 (see enclosed copy)

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
(Home, 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: 10 1/2

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: 10 1/2

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;
10 1/2 ‡ 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 3 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. *We are about 1/2 mile on 7 mile Rd. after you turn on it from the 9 mile Rd. Our driveway is on the right - white fence around pasture. Road to the house separates 2 pieces of land. You'll see our brick home when you start up the driveway. DO NOT CROSS the RIVER*

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.

Bob Morris
Applicant (or authorized representative)

10-6-97
Date

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.

12/14/98 *Li Kufen*
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 _____

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

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