WASHINGTON STATE DEPARTMENT OF ECOLOGY

State of Washington
Application for a Water Right

RECEIVED JUN 30 1998 DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

For Ecology Use
Fee Paid $10.00
Date 6/30/98
MO # 02-24968 2715 LK

Please follow the attached instructions to avoid unnecessary delays.

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

Name Carl A Beach Home Tel: (509) 924 - 1965
Mailing Address 3617 S. Bates Work Tel: (509) 924 - 6464
City Spokane State Wa Zip+4 99206 + 5917 FAX: (____)____ - ____

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 30 (.07 cfs) (☒ 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, Irrigation, Fire Protection. **ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.)** *NOTE: A tax parcel number or a plat number is not sufficient.* (CONTINUOUS ~~MULTIPLE~~ SINGLE DOMESTIC SUPPLY AND FIRE PROTECTION; AND SEASONAL IRRIGATION FOR 2 ACRES)
Estimate a maximum annual quantity to be used in acre-foot per year: ~~[illegible]~~ 8 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.: Pend Oreille River Number of diversions: one (1) per 12/2/98 ph. call w/Mrs. Beach LK	A permit is desired for ____ well(s).
Source flows into (name of body of water): Columbia River	Size & depth of well(s):

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below: Lots	Block	Subdivision
	SW1/4	35	36	43	Pend Oreille	30 & 31	1	River Edge ESTATES.
		35	36	43	Pend Oreille	31	1	River Edge ESTATES

For Ecology Use Date Received: 6-30-98 Priority Date: 6-30-98
SEPA: Exempt/Not Exempt FERC License # ____ Dept. Of Health # ____
Date Accepted As Complete 12/2/98 By LK Date Returned ____ By ____ WRIA: 62

ECY 040-1-14
Rev. 7/97 **f

APPLICATION

Appl. No.: S 330097

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: N/A

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

USE A 2H.P. 30 GPM Pump above the bank to pump water into a holding tank that will then distribute the water to a house or R.V., and appropriate outdoor water faucetts.

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.~~ 1 per ph call 12/2/98 w/Mrs. Beach. Type of connection HOME, RECREATIONAL
(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: 2

B. List total number of acres for other specified agricultural uses:

Use NA Acres _____
Use NA Acres _____
Use NA Acres _____

C. Total number of acres to be covered by this application: 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;
‡ 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: NA
Stockwater - Total # of animals _____ Animal Type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

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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. Cross Pend Oreille River to east side at IONE WA, Proceed South 12 miles to River Edge Estates. Turn Right on Larch lane and proceed South to. Lot 30 & 31. Block 1

Section 10. REQUIRED MAP

A. Attach a map of the project. (**See instructions.**) (X) Marks where pump would be placed with foot valve running out into river.

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.

Carl A. Beach — June 29 1998
Applicant (or authorized representative) — 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.

12/2/98 — L. Kuffer
DATE — SIGNATURE

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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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