



# State of Washington

## Application for a Water Right



For Ecology Use  
 Fee Paid \$10.00  
 Date 12-10-96  
 ck # 2124

Please follow the attached instructions to avoid unnecessary delays.

**G330008**

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

Name William L. McLean & Ernest M. Hall Home Tel: (509) 725- 8484  
 Mailing Address Rt. 1 Box 67 D Work Tel: ( ) same  
 City Davenport State Wa. Zip+4 99122 + FAX: ( ) -

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

Same as above

Name Gloria Spencer of Turf Realty Home Tel: (509-) 725-1677  
 Mailing Address HCR 11 Box 41 Work Tel: (509) 725-8668  
 City Davenport, State Wa. Zip+4 99122 + FAX: (509) 725-8616  
 Relationship to applicant Agent

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 250 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 lots in subdivision. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.  
(CONTINUOUS COMMUNITY DOMESTIC SUPPLY FOR 100 HOMES)  
 Estimate a maximum annual quantity to be used in acre-feet per year: \_\_\_\_\_

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 \_\_\_/\_\_\_/\_\_\_ Year around family use.

### 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.:	A permit is desired for <u>( 3 )</u> well(s).
Number of diversions: _____	Size & depth of well(s): 8" to 10" approx. 200' to 600'
Source flows into (name of body of water):	

#### LOCATION

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

see below

<u>SW 1/4 of SW</u>	<u>1/4 of</u>	<u>Section 29</u>	<u>Township 28</u>	<u>Range (E/W) 36</u>	<u>County Lincoln</u>	If location of source is platted, complete below:		
<u>#1. 1000'</u>	<u>N. of SW corner</u>	<u>Sec. 29.</u>				Lot	Block	Subdivision
	<u># 2,200' east &amp; 1,000'</u>	<u>north of SW corner</u>	<u>Section 29</u>	<u>( undrilled wells,</u>	<u>so necessarily</u>			
	<u>#3,600 to 800' east and 1300'</u>	<u>north of SW corner</u>	<u>section 29.</u>	<u>These are approximate measurements.)</u>				

For Ecology Use Date Received: 12-10-96 Priority Date: 12-10-96  
 SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 1/8/97 By LK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 54

cc'd: Dr Alan Sebatz ✓  
 DOH ✓

COLUMBIA RIVER HOLD - POSSIBLE H/C

G330008

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: PINE VIEW WATER SYSTEM

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

Area covers approx. 200 acres, which we would like to plat into approx. 100 lots for single family residential living. We wish to Pump water from at least two good wells to large storage tank and gravity feed to lots below. terrain is sloping with views of the mountains and is within a few miles of Lake Roosevelt an excellent area for rural living.

( We felt we may need three wells as wells in the area are from 20 to 60 GPM on average)

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

*Cert. 9735*

currently for irrigation & farm purpose, an added bonus for

acreage lots with gardens & fruit trees. Also for domestic use, however, not adequate for lots

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

(Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 100 Type of connection Homes  
(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: \_\_\_\_\_

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 \_\_\_\_\_ Animal type \_\_\_\_\_ (If dairy cattle, see below)  
Dairy - # Milking \_\_\_\_\_ # Non-milking \_\_\_\_\_

DEC 10 1988

**Section 8. WATER STORAGE**

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

YES  NO

A cement or steel water tank. ( underground)

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 US Hwy 2 turn north at Davenport on

Hwy 25 Approximate 22 miles to Miles-Creston Rd. ( county Rd.) turn left

approx. 2 miles to first paved left , this is County Rd. 5956 on your map.

property lays to the south

**Section 10. REQUIRED MAP**

A. Attach a map of the project. (See instructions.)

Map attached.

**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.

Shoria M. Spencer  
Applicant (or authorized representative)

12-9-96  
Date

Walter J. McLean  
Ernest M. Hall  
Landowner for place of use (if same as applicant, write "same")

12-9-96  
Date

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

1/8/97  categorically exempt.  
S. Kiefer  
DATE SIGNATURE

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 98503-0210
_____ 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).