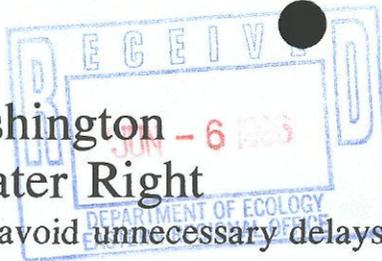




# State of Washington



For Ecology Use  
 Fee Paid \$10.00  
 Date 6-6-96  
 ck # 3612

## G 329982 Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

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

Name RPC Corp of William L. Rigdon Home Tel: (509) - 7874160  
 Mailing Address 651 Road S Work Tel: ( ) -  
 City Quincy State WA Zip+4 984887 FAX: ( ) -

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

Same as above

Name William L. Rigdon Home Tel: (509) 784160  
 Mailing Address 651 6289 Road "S", NW. Work Tel: ( ) -  
 City Quincy State WA Zip+4 984887 FAX: ( ) -  
 Relationship to applicant Owner

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 100 gal (  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 70 units for Ford Helpt & DV. 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 DOMESTIC SUPPLY FOR 70 UNITS "under section WAC 173-134A-030(1)"  
 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 \_\_\_/\_\_\_/\_\_\_

### 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>(A WELL) 1 Well</u> well(s).
Number of diversions: _____	Size & depth of well(s): <u>6e 100</u>
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:

per Grant Co. Assessor's Office

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
	<u>SW¼</u>	<u>13</u>	<u>20</u>	<u>R 23E</u>	<u>Grant</u>	<u>UNIT 213</u>	<u>BLOCK 73</u>	

For Ecology Use Date Received: 6/6/96 Priority Date: 6/6/96  
 SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 11/8/96 By JK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 41

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**Section 5. GENERAL WATER SYSTEM INFORMATION**

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

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

14 Units. Turners Hill Park  
50 unit July

50 July Res  
meqment

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: 70 Type of connection 2nd R/Household  
(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: 4 acres

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

Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_  
Use \_\_\_\_\_ Acres \_\_\_\_\_

C. Total number of acres to be covered by this application: 4

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 \_\_\_\_\_

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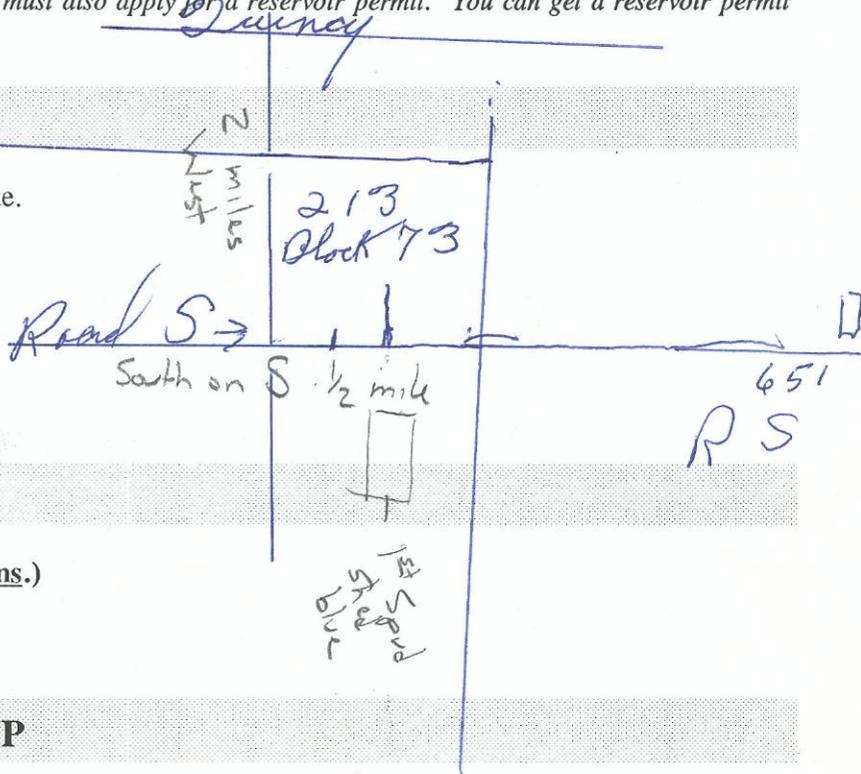
Section 8. WATER STORAGE

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.



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):

Development is on Unit 213 Block 73

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.

William L. Reppe  
Applicant (or authorized representative)

5 21 1996  
Date

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

5 21 1996  
Date

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

categorically exempt.  
2/1/96  
Date [Signature]  
SIGNATURE

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

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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 _____ <u>2 weeks as possible</u> (date). <u>5. 17 96</u>	

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

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