

For Ecology Use
 Fee Paid \$10.00
 Date 3-4-96

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

G329933

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

Name JAMES W. KOLLEEN, LEDGERWOOD Home Tel: (509) 586-8468
 Mailing Address 7103 W CLEARWATER AVE Suite A Work Tel: (509) 735-3278
 City KENNEWICK State WA Zip+4 99336 + FAX: (509) 736-3143

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name JAMES W LEDGERWOOD Home Tel: (509) 586-8468
 Mailing Address KOLLEEN Work Tel: (509) 539-4830
 City _____ State _____ Zip+4 _____ + FAX: (509) 736-3143
 Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (500 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 IRRIGATION 60 ACRES. 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: SEASONAL IRRIGATION OF 63.8 ACRES 8 MONTHS?

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.:	A permit is desired for <u>(1)</u> well(s). 1 - HOUSE USE
Number of diversions: _____	<u>1 - IRRIGATION (60 ACRES)</u>
Source flows into (name of body of water):	Size & depth of well(s): 1 - 6" 125' <u>1 - 10" 125'</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: NORTH 1320' EAST PROPERTY LINE FROM SOUTH EAST CR
660' WEST FROM NORTH PROPERTY LINE

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE ¼</u>	<u>NE ¼</u>	<u>12</u>	<u>9</u>	<u>30E</u>	<u>FRANKLIN</u>			

For Ecology Use Date Received: 3-4-96 Priority Date: 3-4-96
 SEPA: Exempt Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 4-25-96 By LK Date Returned _____ By _____ WRIA: 33

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.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
 (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____
 (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: 63.8
- 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: 63.8
- 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 50 Animal type BEEF CATTLE (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

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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.

FROM PASCO GO EAST ON HIGHWAY 12 TO KAMLOTUS
TURN OFF, THEN RIGHT GO 4mi. TURN LEFT GO 5,280 FT
GO 660' WEST TO WELL HEAD 2ND WELL GO
WEST 100' ON SAME LINE AS FRIST WELL

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):

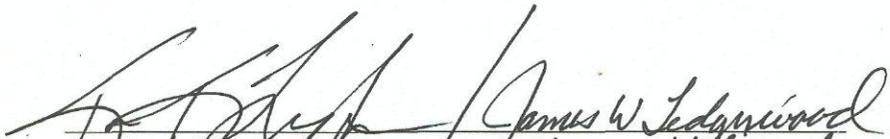
PURCHASERS under REAL ESTATE PURCHASE + SALE Agreement # 382984
EXTENSION THERETO (Copies attached) Owner/Seller: Edgar W. Schliep
P.O. Box 2993
Bellingham, WA 98227

B. Does the applicant own the land on which the water source is located?

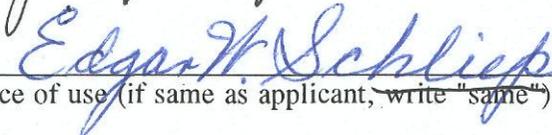
YES NO

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.


Applicant (or authorized representative) James W. Ledgerwood
Kelleen Ledgerwood

Date 2-20-96


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

Date 2-26-96

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

4/25/96 categorically exempt.

SIGNATURE

Tim RIGHTSON

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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):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
<input checked="" type="checkbox"/> Section number(s) <u>3 & 4</u> is/are incomplete <u>need clarified. Please see enclosed letter.</u>	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by <u>May 10th 1996</u> in order to retain <u>(date)</u> your priority date.	

Ecology staff Sandra M. Kiefer Date 4/9/96

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