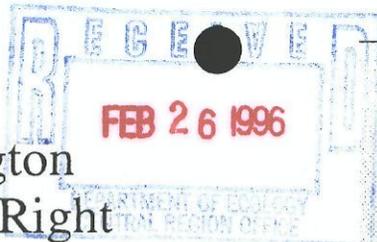




#3



For Ecology Use  
Fee Paid \$18.00  
Date 3-26-96 LK

# State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

G 329929

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

Name Darin & Devon Michel Home Tel: (509) 346-9617  
Mailing Address 2516 W. Hwy. 26 Work Tel: (509) 488-9819  
City Othello, State WA Zip +4 99344 + FAX: (509) 988-0252

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

Same as above

Name Darin or Dwayne Michel Home Tel: (509) 488-9819  
Mailing Address 2516 W. Hwy. 26 Work Tel: (509) 488-9819  
City Othello State WA Zip +4 99344 + FAX: (509) 488-0252  
Relationship to applicant \_\_\_\_\_

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (4,000 gpm) <sup>2,000 per well</sup> ( 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, Stockwater, Domestic Use. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

CONTINUOUS DOMESTIC MULTIPLE SUPPLY; STOCKWATER; AND SEASONAL IRRIGATION OF 400 ACRES  
Estimate a maximum annual quantity to be used in acre-feet per year: 2,280,960 Acre-Ft 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 3/1/1996 to 10/1/2010

## 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>(2)</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>20" dia</u> <u>800-1000 Ft</u>

**LOCATION**  
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Sec. 23 3,000 Ft North of SW corner and 20 Ft East of section line.  
2000 St. S. From NW corner of Sec 26 along sec. line.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<del>SW ¼</del>	<del>SE ¼</del>	<u>W 2 NW ¼</u>	<u>23</u>	<u>15</u>	<u>28 E Wm Adams</u>			
<del>NW ¼</del>	<del>SE ¼</del>	<u>SE ¼</u>	<u>26</u>	<u>15</u>	<u>28 E Wm Adams</u>			

For Ecology Use Date Received: 2-26-96 Priority Date: 2-26-96  
SEPA: Exempt/Not Exempt LK 7-9-96 FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
Date Accepted As Complete 2-26-96 By LK Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 36

Section 5. GENERAL WATER SYSTEM INFORMATION

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

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

We will be <sup>pumped</sup> through pvc mainline once we get to the surface. We will use a concrete sump to conserve water. All system will be low pressure to conserve on electricity and water. We will use <sup>try to</sup> the most efficient system that the irrigation companies recommended at time of installation for this area.

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: 3 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: 400

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

Use Orchard Acres 200  
Use Row Crops under Circles Acres 200  
Use \_\_\_\_\_ Acres \_\_\_\_\_

C. Total number of acres to be covered by this application: (400)

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

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.

*Best to contact us before going there its very complicated*

owner(s):

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.

Applicant (or authorized representative)

Date

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

*1-13-95*  
Date

<b>SEPA</b>		THIS APPLICATION IS NOT EXEMPT:
LEAD AGENCY:	_____	
<i>1/1</i>	Completed Checklist Received	
<i>1/1</i>	Determination of Nonsignificance Issued	
<i>1/1</i>	Determination of Significance Issued	
DRAFT EIS ISSUED	<i>1/1</i>	
FINAL EIS ISSUED	<i>1/1</i>	
<b>APPLICATION</b>		

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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 checked="" type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
<input type="checkbox"/> Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: <i>PLEASE ENCLOSE THE \$18.00 APPLICATION FEE, ALONG WITH THIS APPLICATION, AND THE COMPLETED QUAD MAP SHOWING AN "X" ON THE APPROXIMATE WELL SITES AND ALSO HIGHLIGHT THE PLACE(S) OF USE FOR THE PROPOSED 400 ACRES OF IRRIGATION.</i>	
Please provide the additional information requested above and return your application by <i>APRIL 22<sup>nd</sup>, 1996</i> IN ORDER TO RETAIN YOUR <del>(date): FEBRUARY 26, 1996</del> PRIORITY DATE.	

Ecology staff

*Linda M. Kiefer*

Date

*3/21/96*

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

APPLICATION