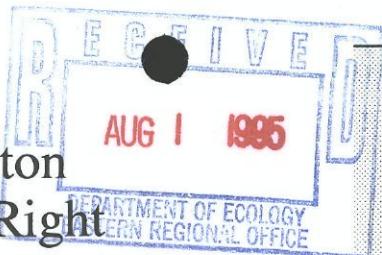




check # 0661
\$10.00



For Ecology Use
Fee Paid \$10.00
Date 8-1-95

G 329862 State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

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

Name Canyon Lakes, Inc. Home Tel: (509) 447 - 4399
Mailing Address 25217 Blanchard Rd. Work Tel: () -
City Newport State WA Zip+4 99156 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Dave Jones Home Tel: (509) 447 - 4399
Mailing Address 25217 Blanchard Rd. Work Tel: () -
City Newport State WA Zip+4 99156 + FAX: () -
Relationship to applicant Property Manager

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 40 (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/Stock water. 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, SEASONAL IRRIGATION & STOCK WATER
Estimate a maximum annual quantity to be used in acre-feet per year: Ten

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

Section 4. WATER SOURCE

categorically exempt.
8/22/95 S. Kieder
DATE SIGNATURE

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>(one)</u> well(s).
Number of diversions: _____	Size & depth of well(s): <u>6" - 97'</u>
Source flows into (name of body of water):	* See Back Page

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 1300' West and 300' North of the S.E. corner of Sec. 32 T. 32N, R40E, W.M., Spokane County.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>S2</u>	<u>SE¼</u>	<u>32</u>	<u>23N</u>	<u>40E</u>	<u>Spokane</u>	<u>6</u>	<u>8</u>	<u>Tyler</u>

(As per plat recorded in volume C of plats, page 97, records of Spokane County)

For Ecology Use Date Received: 8-1-95 Priority Date: 8-1-95
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 8-10-95 By JK Date Returned _____ By _____ WRIA: 43

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: None
- B. Briefly describe your proposed water system. (See instructions.)
Thru the use of an existing well utilizing a submersible pump the preposed use is for 3 domestic services to include irrigation for laws, gardens, and stockwater.
- 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: 1
- 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: 1 1/2
- 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:
Stockwater - Total # of animals 3 Animal type Horses/cows (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.

Drive west on I-90 to Tyler exit, (#257), go south over freeway and follow state hwy 904 approx 1/4 mile, take first road to the left (north) at approx 100 ft North you will be at the SE corner of project.

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.

Linda Shaffer
Applicant (or authorized representative)
Linda Shaffer/President

Aug 1, 1995
Date

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

Date

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

The property that the well is on was purchased from the heirs of an estate and no well log was able to be located. There is no well log on file at the Eastern Regional office of the D.O.E. A renter who lived on the property when the prior owners were alive believes the well was 97 feet deep and produced 60 gpm. Attached is a copy of a well test report that shows 24 gpm. This test was done with the pump in the well and is limited to the horsepower of the pump and the number of outlets available for flow.

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).