



Note: The original applications were returned for completion on 9/13/95 along with low flow letter. Applicant said she never received, so new ones were sent - (see attached yellow notes) & received back here 10/23/95

2 of 2

State of Washington Application for a Water Right

For Ecology Use
 Fee Paid \$10.00
 9-13-95 &
 Date 10-23-95

SEP 13 1995
 DEPARTMENT OF ECOLOGY
 PERMIT OFFICE

Please follow the attached instructions to avoid unnecessary delays.

S 329886

Per lost originals, Applicant told she could retain original, priority date per A. Larkin, LK. Priority date 9/13/95

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

Name (Frances Russell) Home Tel: (509) 291 - 4461
 Mailing Address S. 20419 Jackson Rd Work Tel: (509) 291 - 4601
 City Rockford State WA Zip +4 99030 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name _____ Home Tel: () - _____
 Mailing Address _____ Work Tel: () - _____
 City _____ State _____ Zip +4 _____ + FAX: () - _____
 Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (.01 CFS) (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 Fire Protection & Irrigation. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.
(Seasonal Irrigation for 1 acre and fire protection)
 Estimate a maximum annual quantity to be used in acre-feet per year: 20,000 gals

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
 From May to October

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.: <u>(Rock Creek)</u>	A permit is desired for _____ well(s).
Number of diversions: <u>(one)</u>	
Source flows into (name of body of water): <u>HANGMAN Creek</u>	Size & depth of well(s):

LOCATION

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

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW ¼</u>	<u>SW ¼</u>	<u>24</u>	<u>23</u>	<u>44</u>	<u>Spokane</u>			
SE	NE	23						

(corrections per ph call w/ landowner Frances Russell 11/27/95, per botz, dist. from 1st app & legal. LK)

For Ecology Use Date Received: 9-13-95 Priority Date: 9-13-95
 SEPA: Exempt Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 11-2-95 By LK Date Returned _____ By _____ WRIA: 56

Low Flow

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Pump out of Rock Creek
- B. Briefly describe your proposed water system. (See instructions.)
Pump in creek 200' to house & immediate yard, to be used in summer for fire protection & irrigation
- 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: 1 Type of connection outside frost-free hydrant
(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: Lawn
- 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 acre
- 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 _____

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.

Highway 27 to Freeman. South on Jackson Rd 3 1/3 miles (1/3 mile past Y of Jackson & Cameron)

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.

Frances Russell
Applicant (or authorized representative)

10-15-95
Date

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

Date

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

categorically exempt.
11/27/95 B. 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).