WASHINGTON STATE DEPARTMENT OF ECOLOGY

RECEIVED JUN 18 1996 DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

Wocheck OK ER

RECEIVED JUN 18 [illegible] DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

# State of Washington
# Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid $10.00
Date 8-14-96
(MONEY ORDER) gk

G329974

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

Name (JORGE & Rita LARRONDO) Home Tel:(509) 244 - 3540

Mailing Address P.O. Box 1904 Work Tel:(509) 625 - 3414

City (Airway Heights) State Wa. Zip+4 99001 + 1904 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 THIRTY (30gpm) (☒ 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 / agriculture. Attach a "legal" description of the place of use. (See instructions.) *NOTE: A tax parcel number or a plat number is not sufficient.*

(CONTINUOUS SINGLE DOMESTIC SUPPLY AND STOCKWATER; AND SEASONAL IRRIGATION OF 5 ACRES)

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

| If SURFACE WATER | If GROUNDWATER |
|---|---|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:<br><br>Number of diversions: ___ | A permit is desired for (2) well(s). |
| Source flows into (name of body of water): | Size & depth of well(s): 1st - 173 ft. deep 6" well<br>2nd is proposed, 6" well |

### 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 |
|---|---|---|---|---|---|---|---|---|
| (SW¼ | SW¼ | 22 | 25 | 41E | SPOKANE | 45 | | Fairview Hts. Addition) |

per Spokane Co Assessor's Office 7/2/96 ER

For Ecology Use Date Received: 6-18-96 Priority Date: 6-18-96

SEPA: Exempt/Not Exempt FERC License # ___ Dept. Of Health # ___

Date Accepted As Complete 8-14-96 By ER Date Returned ___ By ___ WRIA: 54

ECY 040-1-14
Rev. 12/94 F

**APPLICATION**

Appl. No.: G329974

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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.)

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: [redacted] one Type of connection Home / agriculture
(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: ~~3~~ 5 correction per ph call 7/7/96 w/ Rita Larondo LK

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

Use field Acres 2
Use _____ Acres _____
Use _____ Acres _____

C. Total number of acres to be covered by this application: 5

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 10 Animal type horses, chickens dogs, llama (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. West on #2 Highway, Towards Fairchild Airforce base. Just past Airway Heights. Turn Right at big sign for Rambo Road. House is gray. Only one on Road. Mail box sign says (Larrondo Way 15304) also has Dead End sign.

## 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.**

x _____
x Mrs. L. Larrondo
Applicant (or authorized representative)

6-10-96
Date

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

6-10-96
Date

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

8/14/96
DATE

L. Kiefer
SIGNATURE

**APPLICATION**

**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).