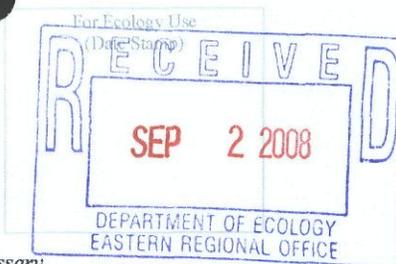




State of Washington
Application for a Water Right Permit

- SURFACE WATER GROUND WATER
 Permanent Temporary Short Term



Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: JOHN W. HOLMAN		Phone No: (509) 299-3762	Other No:
Address: 1811 S. DEEP CREEK CT.			
City: MEDICAL LAKE		State: WA	Zip: 99022
Email Address (optional): BAVARIANAIRWORKS@MSN.COM			
Contact Name (if different from above):		Phone No:	Other No:
Relationship to Applicant:			
Address:			
City:		State:	Zip:
Email Address (optional):			

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: **DOMESTIC-SINGLE, MANUFACTURED HOME WILL USE WATER ON 2 ACRES OF LAND FOR HOUSEHOLD USE.** *Does not intend to irrigate per phone conv. KT*

Anticipated length of time to complete your project: _____

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
DOMESTIC-SINGLE	20 GPM = 0.04 CFS			CONTINUOUSLY
TOTAL:	20 GPM			

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? YES NO

Is this request for a temporary permit? YES NO

If yes to either question above, indicate the dates that the water will be needed:
FROM: ___/___/___ TO: ___/___/___

For Ecology Use	APPLICATION NO: S3-30565	SEPA: Exempt/Not Exempt
	Fee Paid: 50.00 Check No: 2420	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date 8/27/2008 By KT WRIA: 602

Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

<p>A.) If Surface Water Source</p> <p><input type="checkbox"/> Spring <input type="checkbox"/> Creek <input checked="" type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____</p> <p>Source Name: <u>PEND OREILLE RIVER</u></p> <p>Tributary to: _____</p> <p>Number of proposed diversion points: <u>1</u></p> <p>Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>B.) If Ground Water Source</p> <p><input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____</p> <p>Well diameter & depth: _____</p> <p>Number of proposed points of withdrawal: _____</p> <p>Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If available, attach Water Well Report and pump test.</p> <p>Well Tag ID No. _____</p>
--	--

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
<u>433626520008</u>			<u>26</u>	<u>36</u>	<u>43</u>	<u>PEND OREILLE</u>
Lot(s)	Block(s)		Subdivision			
<u>3</u>	<u>2</u>		<u>PEND OREILLE ESTATES</u>			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
 _____ feet (North/ South) and _____ feet (East/ West)
 from the (NW SW NE SE) corner of Section _____.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
 _____ feet (North/ South) and _____ feet (East/ West)
 from the (NW SW NE SE) corner of Section _____.

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? YES NO
 If no, do you have legal authority to make this application for use of another's land? YES NO
 Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

PEND OREILLE ESTATES LOT 3, BLOCK 2

¼	¼	Section	Twp.	Range	County	Parcel No.
		<u>26</u>	<u>36</u>	<u>43</u>	<u>PEND OREILLE</u>	<u>433626520008</u>

Do you own all the lands on which the proposed place of use is located? YES NO.

If no, do you have legal authority to make this application for use of another's land? YES NO
 Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? YES NO
 If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

53-30565

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): M^{rs} DONALD SUBMERSIBLE PUMPING SYSTEM (18 GPM, .75 HP PUMP)
AMTROL PRESSURE SYSTEM (118 GALLON PRESSURE TANK)
PURA UVBB3 ULTRA VIOLET DISINFECTANT SYSTEM
THREE STAGE TREATMENT: 5 MICRON SEDIMENT REMOVAL
1 MICRON SEDIMENT REMOVAL
PURA ULTRAVIOLET DISINFECTANT ELIMINATOR

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? YES NO

Other Proposed Farm Uses

Describe all proposed uses: _____

53-30565

Family Farm Water Act (RCW 90.66):

Calculate 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, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO

Do you have a controlling interest in a Family Farm Development Permit? YES NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? YES NO

Are you proposing to store more than 10 acre-feet of water? YES NO

Will the water depth be 10 feet or more? YES NO

If you answered yes to any of the above questions, please describe: _____

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 complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: CROSS USK WA BRIDGE TO
EAST SIDE, TRAVEL 22.5 MILES NORTH ON LE CLERC RD,
JUST PAST A HOME CALLED "NORTH PEBBLE BACK" TURN
INTO SECOND DRIVE AFTER RIVER BAND NARROWS.
IF YOU HAVE GONE TO THE SMILEY FACE YOU HAVE GONE TO FAR.

Site Address: 22373 LECLERC RD
ONE, WA 99139

53-30565

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application 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 the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

<u>JOHN W. HOLMAN</u> Print Name (Applicant or authorized representative)	<u><i>John W. Holman</i></u> Signature	<u>15 Aug 2008</u> Date
<u>JOHN W. HOLMAN</u> Print Name (Landowner of Place of Use)	<u><i>John W. Holman</i></u> Signature	<u>15 Aug 2008</u> Date
<u>ANNELIESE HOLLINGER</u> Print Name (Landowner of Place of Use)	<u><i>Annelliese Hollinger</i></u> Signature	<u>15 Aug 2008</u> Date
_____ Print Name (Landowner of Place of Use)	_____ Signature	_____ Date

Submit your application to: DEPARTMENT OF ECOLOGY
CASHIERING SECTION
PO BOX 5128
LACEY WA 98509-5128

Please check the region in which your proposed project is located.
 Southwest Northwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300
 Northwest Regional Office: 425-649-7000
 Central Regional Office: 509-575-2490
 Eastern Regional Office: 509-329-3400

*329-3585
KAREN CHOSAL*

S3-30565

8 AUG 22 10:51
 DEPT. OF ECOLOGY
 FISCAL & BUDGET

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341