



State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

8 MAY 19 18:33

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

Name Jill McGrath Home Tel: (503) 582-8572
 Mailing Address 30366 SW Ruth #66 Work Tel: (503) 789-6607
 City Wilsonville State OR Zip+4 97070 + _____ 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 5-10 (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 _____ . ATTACH A "LEGAL" sec P.5

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

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.: <u>unnamed spring</u> Number of diversions: <u>not diverted</u>	A permit is desired for _____ well(s).
Source flows into (name of body of water): <u>Davis Creek? then GOBEL 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: 250' south and 100' east of the NW corner

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SE	NE	8	7N	1W	COWLITZ			

For Ecology Use _____ Date Received: 5-19-08 Priority Date: 5-19-08
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 5-19-08 By SC Date Returned _____ By _____ WRIA: 26

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: Flotec Filtration System
- B. Briefly describe your proposed water system. (See instructions.)
Withdraw from unnamed spring, pump to sand filtration system in the pump house, which uses multiple media. Draw on demand. This system has functioned with no contamination or bacteria issues since our well collapsed in 1993. We attribute this in part to the adjacent wetland it comes through.
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. Well w/1500 gallon reservoir permit already on file with the county

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 1-2 Type of connection Home
 (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: _____
- 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: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
 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 6000 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

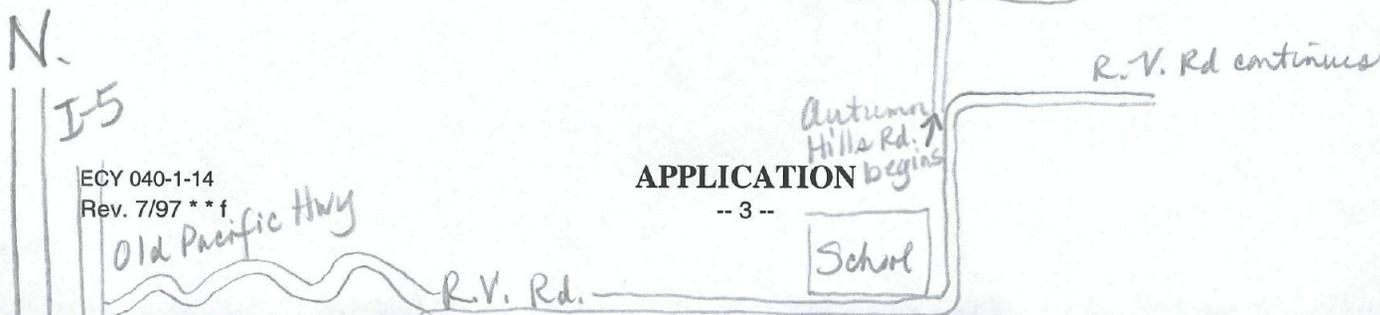
Will you be using a dam, dike, or other structure to retain or store water? YES NO

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.

From Rose Valley School go north 1/2 mile on Rose Valley Rd.
 Turn onto Autumn Hills Rd which is straight up because R.V. Rd.
 turns ^(East) at this point. Continue straight. 150 Driveway begins



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.

Bill McShath
Applicant (or authorized representative)

9 May 08
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.

Legal description:

SECT, TWN, RNG: 8-7N-1W DESC: 8-7-1W T-7D-2

The east half of the NE quarter of the SE quarter of the NE quarter

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<input type="checkbox"/> 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 _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).