



FEE PAID

RECEIVED

NOV 19 1996

WRAT 9/10/96

Fee 10.00

For Ecology Use

Fee Paid 10.00

Date 11/24/96

# 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 Anthony & Jeannette DeGoede Home Tel: (360) 424-8152  
 Mailing Address 1502 Bradshaw Rd Work Tel: (360) 424-8152  
 City Mt. Vernon State WA Zip+4 98273+ FAX: (360) 424-8152

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Jeannette or Anthony DeGoede Home Tel: (360) 424-8152  
 Mailing Address 1502 Bradshaw Rd Work Tel: (360) 424-8152  
 City Mt. Vernon State WA Zip+4 98273+ FAX: (360) 424-8152  
 Relationship to applicant Husband & wife

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 350 ( 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 seasonal irrigation. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Spring during irrig season, bulb washing - seasonal  
 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 5/1/97 to 8/30/97. (each summer, unless we have a wet summer.)

## Section 4. WATER SOURCE

<b>If SURFACE WATER</b>	<b>If GROUNDWATER</b>
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>1</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>60' deep 10" Round</u>

### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Well is located in center of the North 15 acres of the North East quarter of the Northeast quarter of section 21, township 34 North, Range 3 East of the Willamette Meridian, except any portion thereof lying in the South 15 acres of the NE 1/4

North East Quarter of the North East Quarter, Situation in Skagit County						If location of source is platted, complete below:		
1/4 of	1/4 of	Section	Township	Range(E/W)	County	Lot	Block	Subdivision
<u>NE 1/4</u>	<u>NE 1/4</u>	<u>21</u>	<u>34</u>	<u>3E</u>	<u>Skagit</u>			

For Ecology Use Date Received: 11-19-96 Priority Date: 11-19-96  
 SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 11-20-96 By AB Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 3

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: No Name - Ditch Well
- B. Briefly describe your proposed water system. (See instructions.)  
*Pump water to irrigation system, to irrigate field.  
 Pump is shallow well irrigation pump powered by 40 horsepower tractor.*
- 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: \_\_\_\_\_ Type of connection \_\_\_\_\_  
 (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: 1500
- 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: 15
- 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.

### 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.

Jeannette/Anthony DeBoerde  
Applicant (or/authorized representative)

Nov. 15 - 96  
Date

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

Nov 15<sup>th</sup> 96  
Date

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 98509-5128
_____ 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).



16  
2  
18

THIS SPACE IS PROVIDED FOR RECORDER'S USE  
 SKAGIT COUNTY  
 93 FEB -1 AM 1:31  
 RECORDED  
 REQUEST OF  
 9302010057

FILED FOR RECORD AT REQUEST OF

WHEN RECORDED RETURN TO

Name ISLAND TITLE COMPANY  
 Address 839 S. BURLINGTON BLVD  
 City, State, Zip BURLINGTON, WA 98233  
 ISLAND TITLE SB-3529

LPB-45

REAL ESTATE CONTRACT  
(LONG FORM)

I. SPECIFIC TERMS

A. PARTIES, PROPERTY AND PURCHASE PRICE:

Date: JANUARY 26, 19 93  
 Seller: ELSIE M. NOORLAG

Seller's Address: 403  
6197 60TH NORTHWEST  
OAK HARBOR, WA 98277

Purchaser: Amount Paid \$ 2,019.00  
By Skagit Co. Treasurer  
KA Deputy  
ANTHONY B. DEGOEDE and  
JEANETTE T. DEGOEDE

Purchaser's Address: 1502 BRADSHAW ROAD  
MT. VERNON, WA 98273

Real Property Legal Description: THE NORTH 15 ACRES OF THE NORTHEAST  
QUARTER OF THE NORTHEAST QUARTER  
OF SECTION 21, TOWNSHIP 34 NORTH,  
RANGE 3 EAST OF THE WILLAMETTE MERIDIAN;  
EXCEPT ANY PORTION THEREOF LYING IN  
THE SOUTH 15 ACRES OF THE NORTH 30  
ACRES OF SAID NORTHEAST QUARTER OF  
THE NORTHEAST QUARTER.  
SITUATED IN SKAGIT COUNTY, WASHINGTON.

Personal Property: NONE

Title to be Conveyed: FEE TITLE  
 Form of Deed: STATUTORY WARRANTY FULFILLMENT DEED

Title Exceptions (include leases): FARM AND AGRICULTURAL CLASSIFICATION,  
RECORDED IN THE RECORDS OF SKAGIT COUNTY,  
WASHINGTON, AFN. 751985; RESERVATIONS,  
RESTRICTIONS AND EASEMENTS OF RECORD.

9302010057

SEE EXHIBIT "A" ATTACHED HERETO FOR FURTHER  
 TITLE EXCEPTIONS.  
 LPB - 45 BK 1159 PG 0057 Page 1 of 11