



FREE PAID \$1000
9/2/97

RECEIVED

For Ecology Use

Fee Paid ~~829.97~~

Date 9-2-97

State of Washington AUG 29 1997

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

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

Name HERONSWOOD NURSERY, LTD. Home Tel: () -
Mailing Address 7530 NE 288TH ST. Work Tel: (360) 297-4172
City KINGSTON State WA Zip+4 98346 + 9502 FAX: (360) 297-8321

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name ROBERT L. JONES Home Tel: (360) 297-8323
Mailing Address 7530 NE 288TH ST Work Tel: (360) 297-4172
City KINGSTON State WA Zip+4 98346 + 9502 FAX: (360) 297-8321
Relationship to applicant OWNER

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 10 GPM (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 IRRIGATION - during irrig season. ATTACH A "LEGAL" 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: 5 acre-feet

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.:	A permit is desired for <u>1</u> well(s). <i>W.R.</i>
Number of diversions: _____	Size & depth of well(s): <u>6" / 102'</u>
Source flows into (name of body of water):	

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 420' S $\frac{1}{2}$ 1720' W OF THE NE CORNER OF SECTION 21.

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NW ¼</u>	<u>NE ¼</u>	<u>21</u>	<u>27 N</u>	<u>2 E</u>	<u>KITSAP</u>	<u>023</u>	<u>N/A</u>	<u>2235 R-1</u>

For Ecology Use Date Received: 8-29-97 Priority Date: 8-29-97
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 9.5.97 By RB Date Returned _____ By _____ WRIA: 15

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: N/A
- B. Briefly describe your proposed water system. (See instructions.)
 IMPACT HEAD SPRINKLERS, IN-HOUSE SPINNERS & HOSES,
 DRIP & SPRAY XERIGATION, MISTING NOZZLE HEADS,
 ALL TO DELIVER WATER TO COMMERCIALY PRODUCED
 AORTICULTURAL PRODUCTS, FROM EXISTING WELL.
- 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: 2.5 ±
- 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: 2.5
- 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;
2.5 ‡ Acreage proposed to be irrigated under this application;
5.0 ‡ 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.

FROM THE KINGSTON FERRY LANDING FOLLOW 104 TOWARD AND A HALF (2 1/2) TO THREE (3) MILES WEST TO TRAFFIC LIGHT (CHERON GAS / ALBERTSON'S PROPOSED MKT) TURN NORTH TOWARD HANSVILLE. AT ONE (1) MILE TURN LEFT ONTO NE 280TH STREET HEADING WEST. AT ONE-HALF (1/2) MILE LOOK FOR HOUSE # S 7530 / 7490. TURN DOWN DRIVEWAY & THROUGH GATES.

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.

Robert L. Jones

Applicant (or authorized representative)

8-15-97

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.

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).

MHX1

ATS/T0250		CURRENT SUMMARY FOR 212702-1-023-2009		#1913086	08/22/97
JONES R L & HINKLEY D L 7530 288TH NE KINGSTON		Tax Yr 1997 1998	Land 33300 33300	Bldg, etc. 7000 7000	Total 40300 40300
WA 983469502		Situs			0
7530 288TH NE					
Stat/Lc: T/4230	SECTION 21 TOWNSHIP 27 RANGE 02 (MORE DESCRIPTION ON FILE)				
Land use: 11901	LOT C SHORT PLAT 2235R-1 AS RECORDED UNDER AUDITOR'S FILE				
Acres: 2.44	NO. 9111190077; BEING THAT PORTION OF THE WEST HALF OF THE				
Map #: D210-403D	EAST HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER				
Date	Price	Tp	Id	Excise no	Id Date Comments
0691		Q	QC	9108615	MG01 970318 ANNUAL UPDATING
0490	36500	W	WO	9003892	MG01 960205 ANNUAL UPDATING
0885	31500	W	WO	8504691	RS25 950111 1530 REVAL, S/W/O
					MG01 940430 ANNUAL UPDATING
					ASSR 930625 DNR/FIRE AGMT

MHX1

ATS/C2330		LEGAL DESCRIPTION FOR 212702-1-023-2009		08/22/97
SECTION 21 TOWNSHIP 27 RANGE 2E				
1	LOT C SHORT PLAT 2235R-1 AS RECORDED UNDER AUDITOR'S FILE			
2	NO. 9111190077; BEING THAT PORTION OF THE WEST HALF OF THE			
3	EAST HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER			
4	OF SECTION 21, TOWNSHIP 27 NORTH, RANGE 2 EAST, W.M.,			
5	KITSAP COUNTY, WASHINGTON. DESCRIBED AS FOLLOWS: BEGINNING			
6	AT THE NORTH QUARTER CORNER OF SAID SECTION 21; THENCE			
7	S88*19'40"E 1334.77 FEET TO THE NORTHEAST CORNER OF SAID			
8	NORTHWEST QUARTER OF THE NORTHEAST QUARTER, SECTION 21;			
9	THENCE N88*19'40"W 333.77 FEET TO THE NORTHEAST CORNER OF			
10	SAID WEST HALF OF THE EAST HALF OF THE NORTHWEST QUARTER OF			
11	THE NORTHEAST QUARTER; THENCE ALONG THE EAST LINE OF SAID			
12	SUBDIVISION, S1*19'21"W 330.00 FEET TO THE TRUE POINT OF			
13	BEGINNING; THENCE CONTINUING S1*19'21"W 332.20 FEET; THENCE			
14	LEAVING SAID EAST LINE N88*20'48"W 308.35 FEET; THENCE			
15	N1*17'36"E 332.30 FEET TO THE SOUTH LINE OF THE NORTH 330			
PRINT TO FILE				

ATTACH LEGAL DESCRIPTION -
From Co. Area?
✓

SECTION 21 TOWNSHIP 27 RANGE 2E

16 FEET OF SAID WEST HALF OF THE EAST HALF OF THE NORTHWEST
17 QUARTER OF THE NORTHEAST QUARTER, SECTION 21; THENCE ALONG
18 SAID SOUTH LINE, S88°19'40"E 308.52 FEET TO THE TRUE POINT
19 OF BEGINNING. CONTAINING 2.35 ACRES. SUBJECT TO A GREEN
20 BELT/BUFFER OVER THE WESTERLY 10 FEET THEREOF. SUBJECT TO A
21 UTILITY EASEMENT OVER, UNDER AND ACROSS THE NORTH 30 FEET
22 OF THE ABOVE DESCRIBED LOT AS REFERRED TO IN AUDITOR'S FILE
23 NO. 8508160042. SUBJECT TO AN EASEMENT UTILITIES OVER,
24 UNDER AND ACROSS A 30 FOOT WIDE STRIP, THE CENTERLINE OF
25 WHICH IS DESCRIBED AS FOLLOWS: BEGINNING AT THE NORTH
26 QUARTER CORNER OF SAID SECTION 21; THENCE ALONG THE NORTH
27 LINE OF SAID SECTION 21, S88°19'40"E 1001.07 FEET; THENCE
28 S1°19'21"W 662.20 FEET; THENCE N88°20'48"W 52.85 FEET TO
29 THE TRUE POINT OF BEGINNING; THENCE ALONG THE CENTERLINE,
30 THENCE N1°02'W 225.53 FEET; THENCE ALONG A 150 FOOT RADIUS

PRINT TO FILE

SECTION 21 TOWNSHIP 27 RANGE 2E

31 CURVE TO THE RIGHT, AN ARC DISTANCE OF 77.16 FEET; THENCE
32 N28°25'E 24.00 FEET; THENCE ALONG A 240 FOOT RADIUS CURVE
33 TO THE LEFT, AN ARC DISTANCE OF 21.49 FEET TO THE SOUTH
34 LINE OF THE NORTH 330 FEET OF SAID WEST HALF OF THE EAST
35 HALF OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER,
36 SECTION 21 AND THE TERMINUS BEING A PORTION OF EASEMENT
37 PER AUDITOR'S FILE NO. 8508160042. TOGETHER WITH AN ACCESS
38 AND UTILITY EASEMENT OVER, UNDER AND ACROSS THE EAST 30
39 FEET OF THE SOUTH 300 FEET OF THE NORTH 330 FEET OF SAID
40 WEST HALF OF THE EAST HALF OF THE NORTHWEST QUARTER OF THE
41 NORTHEAST QUARTER, SECTION 21, AS REFERRED TO IN AUDITOR'S
42 FILE NO. 8508160042.

PRINT TO FILE

ATS/T0250

CURRENT SUMMARY FOR 9000-006-268-0005

#2075141

08/22/97

JONES R L & HINKLEY D J
7530 288TH NE
KINGSTON

WA 983469502

Tax Yr
1997
1998

Land Bldg, etc.
0 8140
0) (8140) (

Total
8140
8140)

7530 288TH NE

Situs

0

Stat/Lc: T/4230
Land use: 11901
Acres: .00
Map #: D210-403D

MOBILE HOME
R/P ACCT NO 212702-1-023-2009
1981 STAR
48 X 14 SN RS9740

(MORE DESCRIPTION ON FILE)

Date	Price	Tp	IC	Excise no	Id	Date	Comments:
0490	36500	W	WO	9003892	MG01	970318	ANNUAL UPDATING
					MG01	960205	ANNUAL UPDATING
					RS25	950111	1530 REVAL, S/W/O
					MG01	940430	ANNUAL UPDATING
					MG01	930501	ANNUAL UPDATING

7490 - Well -

TOTAL P.01

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
WATER BACTERIOLOGICAL ANALYSIS
SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDEN ROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED			TIME COLLECTED	COUNTY NAME
MONTH	DAY	YEAR	3:45	KITSAP
2	7	97	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE:

PUBLIC

INDIVIDUAL (serves only 1 residence)

I.D. No. [] [] [] [] [] [] [] [] [] []

CIRCLE GROUP
A B

NAME OF SYSTEM
HERONS WOOD NURSERY

SPECIFIC LOCATION WHERE SAMPLE COLLECTED

TANKS

TELEPHONE NO.
DAY **360-638-2317**

EVENING ()

SAMPLE COLLECTED BY: (Name)
MIKE CRABTREE

SYSTEM OWNER/MGR.: (Name)

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE

SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)

CRABTREE DRILLING Co.
33349 EGLON RD, N.E.
KINGSTON WASHINGTON 98346

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment

REPEAT SAMPLE Previous coliform presence Lab # _____ Date _____

RAW SOURCE WATER Source # **S** [] []

NEW CONSTRUCTION or REPAIRS

OTHER (Specify) _____

Chlorinated (Residual: Total _____ Free) _____

Filtered

Untreated or Other _____

Total Coliform

Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present

SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED E. Coli present E. Coli absent Fecal present Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM _____ /100 ml E. COLI _____ /100ml

FECAL COLIFORM _____ /100 ml PLATE COUNT _____ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

Sample too old

Wrong container

incomplete form

TEST UNSUITABLE BECAUSE:

Confluent growth

TNTC

Turbid culture

Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) **01013012**

DATE, TIME RECEIVED **2/7/97 16:05**

RECEIVED BY **Kmw**

DATE REPORTED **2/11/97**

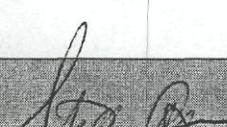
LABORATORY **ANALYTICAL LAB**
26280 OLHAVA WAY, SUITE C
POULSBRO, WA 98370

TWISS ANALYTICAL LABORATORIES, INC.

26280 Olhava Way, Suite C Poulsbo, WA 98370 Telephone (206) 779-5141 FAX (206) 779-5150

WATER SAMPLE INFORMATION FOR INORGANIC CHEMICAL ANALYSIS

DO NOT WRITE IN SHADED AREAS, PLEASE FILL BOXES NUMBERED 1 THRU 14, SEE BACK FOR INSTRUCTIONS

LABORATORY NUMBER 01012898	LABORATORY REPORT (Do Not Write Inside This Box)							
	TESTS		MCL 1	Less Than	RESULT	UNIT	Compliance Yes No	Chemist Initials
DATE RECEIVED 2/3/97	Antimony	Sb	0.006			mg/L		
1. DATE COLLECTED: 2/3/97 2:00:00 PM	Arsenic P	As	0.05			mg/L		
2. SYSTEM NAME: Charles Avery	Barium P	Ba	2.0			mg/L		
3. SYSTEM I.D. NO. Private	Beryllium	Be	0.004			mg/L		
4. GROUP:	Cadmium P	Cd	0.005			mg/L		
5. COUNTY: Kitsap	Chromium P	Cr	0.1			mg/L		
6. SOURCE TYPE: <input type="checkbox"/> Surface <input checked="" type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Purchase	Copper	Cu	1.0 2			mg/L		
7. SAMPLE TAKEN <input checked="" type="checkbox"/> Before Treatment <input type="checkbox"/> After Treatment	Iron	Fe	0.3		0.08	mg/L	✓	PK
8. SOURCE NO.:	Lead P	Pb	0.05 2			mg/L		
9. SOURCE NAME:	Manganese	Mn	0.05	<	0.005	mg/L	✓	PK
10. COLLECTED BY Crabtree Telephone 360-638-2317	Mercury P	Hg	0.002			mg/L		
11. IF TAKEN AFTER TREATMENT IT WAS: <input type="checkbox"/> FLUORIDATED <input type="checkbox"/> CHLORINATED <input type="checkbox"/> FILTERED <input type="checkbox"/> WATER SOFTNER Softner Other	Nickel	Ni	0.1			mg/L		
12. If Taken From Distribution, Indicate Address:	Selenium P	Se	0.050			mg/L		
13. Party To Pay For Testing: Signature: Crabtree Drilling 33349 Eglon Rd Kingston, WA 98346 Telephone 360-638-2317	Silver	Ag	0.1			mg/L		
14. Remarks (water quality etc.)	Sodium P	Na				mg/L		
	Thallium	Tl	0.002			mg/L		
	Zinc	Zn	5.0			mg/L		
	Hardness					mg/L		
	Conductivity		700		137	umho/cm	✓	CAS
	Turbidity P		1.0			NTU		
	Color		15.0			Color units		
	Chloride	Cl	250		7.86	mg/L	✓	CAS
	Cyanide	CN	0.2			mg/L		
	Fluoride	F	2.0			mg/L		
	Nitrate P	as N	10.0		2.5	mg/L	✓	CAS
	Nitrite	as N	1.0			mg/L		
	Sulfate	SO4	250			mg/L		
	TDS		500			mg/L		
LABORATORY COMMENTS:								
Laboratory Supervisor: 							Date of Report: 2/6/97	

1- MCL, Maximum contamination level; 2- Federal Action Level is 1.3 mg/L for Copper and 0.015 mg/L for Lead; P- Primary Standard; TDS- Total Dissolved Solids

GRUNDFOS**5 Year
Performance**
**1/3 through 1 1/2 HP
Submersible Pump
Protection Application**

Dear Grundfos Dealer:

To make certain your customer's Grundfos submersible pump is fully covered under the supplemental *Performance PLUS* protection program, **READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY.** Please type or print clearly.

Complete this policy application in full. Then sign and date the application.

Your customer should keep the top white copy of the application. Keep the yellow copy for your records and send the two remaining copies (pink and goldenrod) to your Grundfos distributor.

Should the pump fail due to any of the conditions specified under *Performance PLUS* prior to the expiration of the 5-year term of the policy, your customer should contact you. You then pull the pump and determine if the cause of failure is within the terms of the *Performance PLUS* policy. If it is, Grundfos will repair or replace the pump at no charge through your distributor.

***Performance PLUS* does not cover the labor charges involved in pulling and reinstalling the pump.**

The *Performance PLUS* protection policy covers all Grundfos domestic submersible pumps up through 1 1/2 HP. It is limited to the original owner of the pump and is non-transferable.

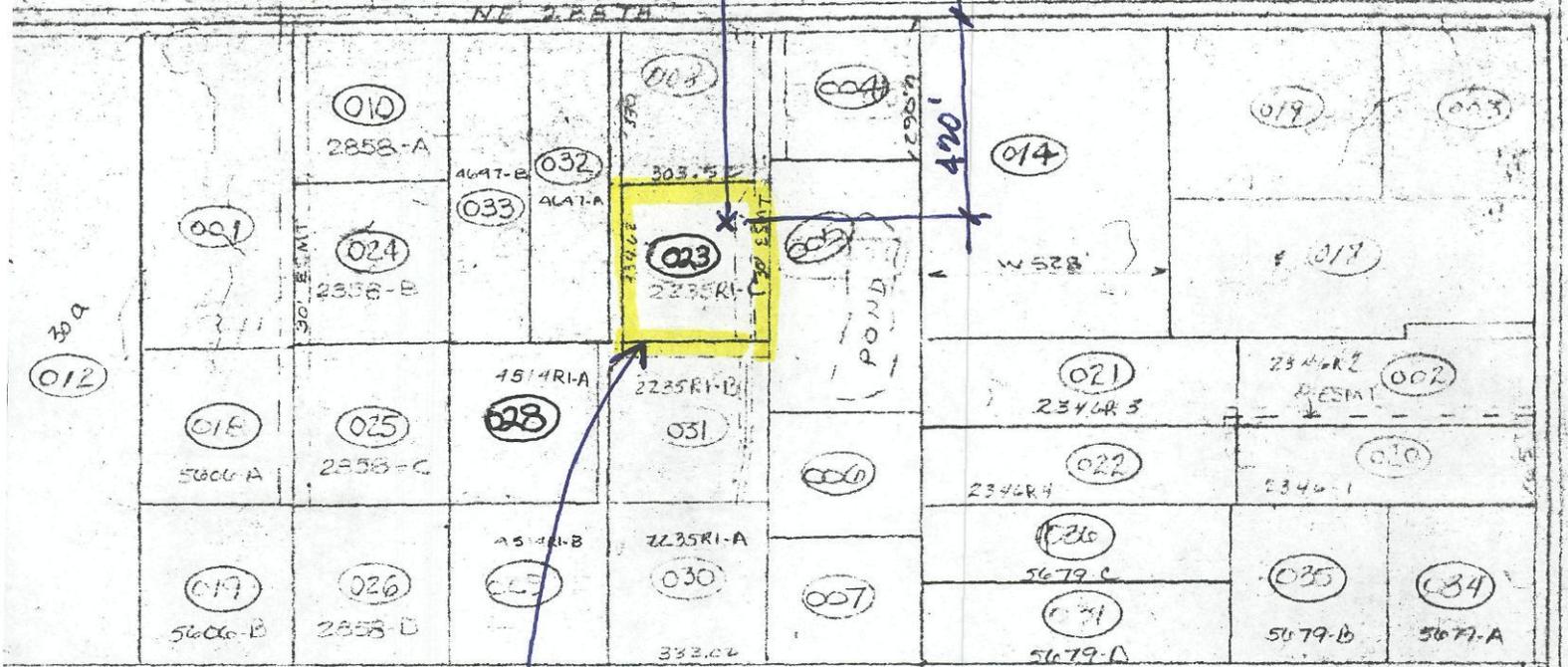
Customer Name HERONSWOOD NURSERYAddress 2530 NE 288thCity KINGSTON State WASH. Zip 98346Grundfos Dealer Name CRABTREE DRILLING COAddress 3349 EGLON RD NECity KINGSTON State WASH. Zip 98346

Pump Model: <u>10507-12</u>	Serial Number: <u>09010012</u>
Phase & Volts: <u>1 230</u>	Horsepower: <u>3/4</u>
Date Installed: <u>2-5-97</u>	Application: <u>DOMESTIC</u>
Pumping Water Level: <u>71</u>	Pump Setting: <u>92</u>
Well Inside Diameter: <u>6</u>	Depth: <u>100</u>
Flow (GPM): <u>10</u>	Lightning Arrestor Type: <u>FRANKLIN</u>
<u>New Installation or Replacement</u>	Brand of Pump Replaced: <u>STA-RITE</u>

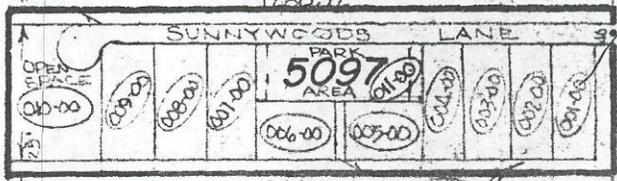
I certify that a proper lightning arrestor has been installed with this Grundfos submersible, and that the unit has been installed in accordance with the Grundfos Installation and Operating Instructions.

Dealer Signature: Jerry CrabtreeDate: 2-10-97

Range 2 EAST Scale = 400' 1720'



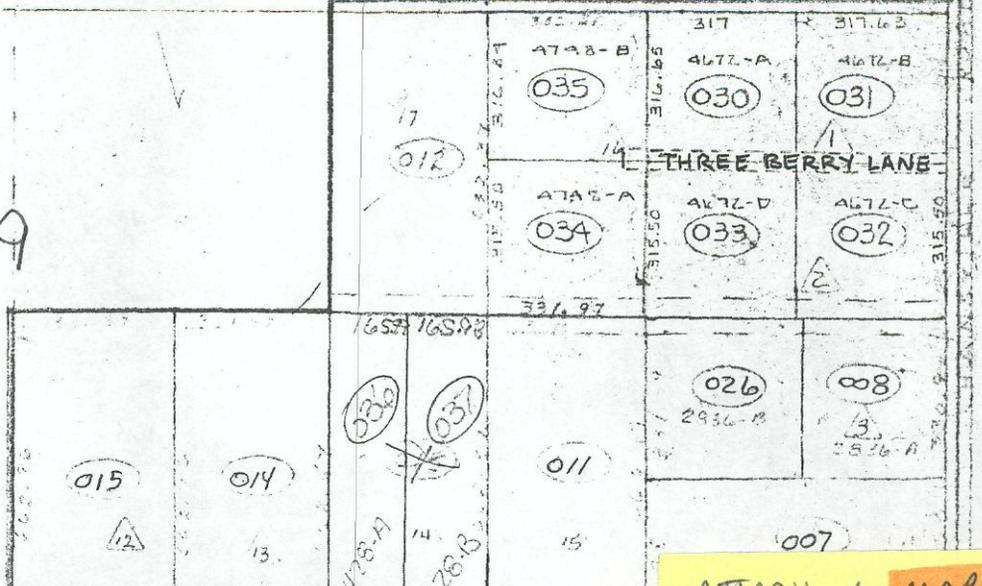
NW 1/4 of NE 1/4 of Section 21, Township 27N Range 2E



TED
1992
COUNTY
FOR

PERSONS OFFICE AS A RECORD
ASSESSMENT PURPOSES ONLY.

212702-1-023-2009



ATTACH A MAP.