WASHINGTON STATE DEPARTMENT OF ECOLOGY

# State of Washington
# Application for a Water Right

RECEIVED AUG 31 1999 DEPT OF ECOLOGY

For Ecology Use
Fee Paid $10.00
Date 8-31-99 AH

Please follow the attached instructions to avoid unnecessary delays.

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

Name Marjorie Stemd & Robert Bell Home Tel: (360) 592-0950
Mailing Address 5966 North Fork Rd Work Tel: (360) 671-4431
City Deming State WA Zip+4 98244 + 9519 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 .01 (☒ 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 Single domestic supply ~~continuously~~. **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-foot 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.: unnamed spring<br>Number of diversions: 1 | A permit is desired for _____ well(s). |
| Source flows into (name of body of water): disappears into ground | 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: 1000 ft. south & 900 ft. west of the North East Corner of section 22

| 1/4 of | 1/4 of | Section | Township | Range (E/W) | County | If location of source is platted, complete below: Lot | Block | Subdivision |
|---|---|---|---|---|---|---|---|---|
| NE¼ | NE¼ | 22 | 39 N | 5 E | Whatcom | | | |
| | | | | | | | | |

For Ecology Use Date Received: 8-31-99 Priority Date: 8-31-99
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 9-7-99 By [illegible] Date Returned _____ By _____ WRIA: 1

ECY 040-1-14
Rev. 7/97 * * f

**APPLICATION**

Appl. No.: S1-28051

## Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (**See instructions.**)

500 ft. of 1" PVC running downhill to house (gravity feed)

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: 1 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
***(Completed 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)
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.

5966 North Fork Rd, off Mosquito Lake Rd.
off Mt. Baker Hwy, 5 miles east of Deming

## 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:

unsure

**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.**

Marjorie Stund, Robert Bell — 8/28/99

Applicant (or authorized representative) — 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 _____

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).

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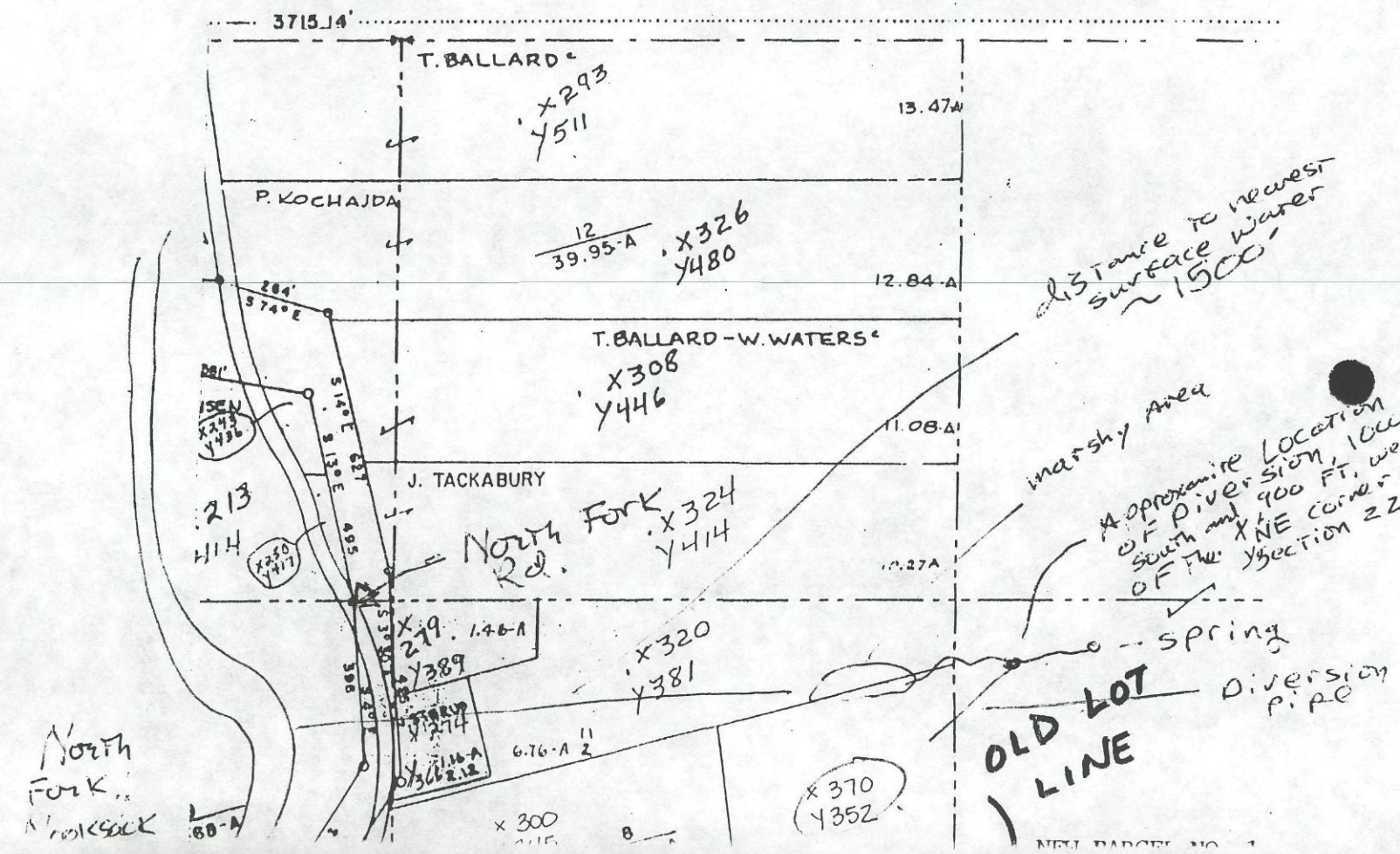
SKETCH MAP TO BE FILED WITH LOT LINE ADJUSTMENT DEED