



State of Washington Application for a Water Right

For Ecology Use
Fee Paid 44.00
Date 5/2/2001

Please follow the attached instructions to avoid unnecessary delays.

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

Name WILLIAM C. PORTER FARM COMPANY Home Tel: (360) 873 - 9600
 Mailing Address P.O. Box 809 Work Tel: (360) 873 - 9600
 City MARBLEMOUNT State WA Zip+4 98267+ FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name WILLIAM C. PORTER Home Tel: (360) 873 - 9600
 Mailing Address P.O. Box 809 Work Tel: (360) 873 - 9600
 City MARBLEMOUNT State WA Zip+4 98267+ FAX: () -
 Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 22 (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 DOMESTIC, FISH REARING, IRRIGATION, AND LIVESTOCK 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: 7,330

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>OLSON CREEK</u>	A permit is desired for _____ well(s).
Number of diversions: <u>1</u>	
Source flows into (name of body of water): <u>SKAGIT RIVER</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:

500 FEET SOUTH AND 250 FEET EAST OF

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
		<u>1</u>	<u>35 N</u>	<u>10 E</u>	<u>SKAGIT</u>			

For Ecology Use Date Received: _____ Priority Date: _____
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete _____ By _____ Date Returned _____ By _____ WRIA: 4

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: PORTER FARM WATER SYSTEM
- B. Briefly describe your proposed water system. (See instructions.)
 THE WATER SUPPLY WILL BE DIVERTED FROM OLSON CREEK AT AN APPROXIMATE ELEVATION OF 800 FEET. A TRANSMISSION PIPELINE WILL TRANSPORT THE WATER SUPPLY TO THE POINT OF USE WITH A SUFFICIENT HYDRAULIC HEAD TO MAINTAIN SYSTEM PRESSURES. FIRE PROTECTION WILL ALSO BE PROVIDE AS NEEDED.
- 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: 45 Type of connection 10 HOMES 35 RECREATIONAL
 (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: 120
- B. List total number of acres for other specified agricultural uses:
 Use FORREST PRODUCTS Acres 120
 Use _____ Acres _____
 Use _____ Acres _____
- C. Total number of acres to be covered by this application: 120
- 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 30 Animal Type HORSES CATTLE (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking _____
- F. 10 CFS FOR FISH REARING OPERATIONS

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.

TRAVEL EAST ON STATE ROUTE 20 TO MARBLE MOUNT.
TURN LEFT ON RANGER STATION ROAD. AT RANGER
STATION, VEER RIGHT ONTO OLSON CREEK ROAD. THE
ADDRESS OF THE PROPERTY IS 6817 OLSON CREEK
ROAD.

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

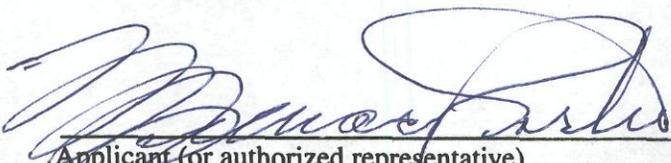
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

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.


Applicant (or authorized representative)

27 April 2001
Date

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.

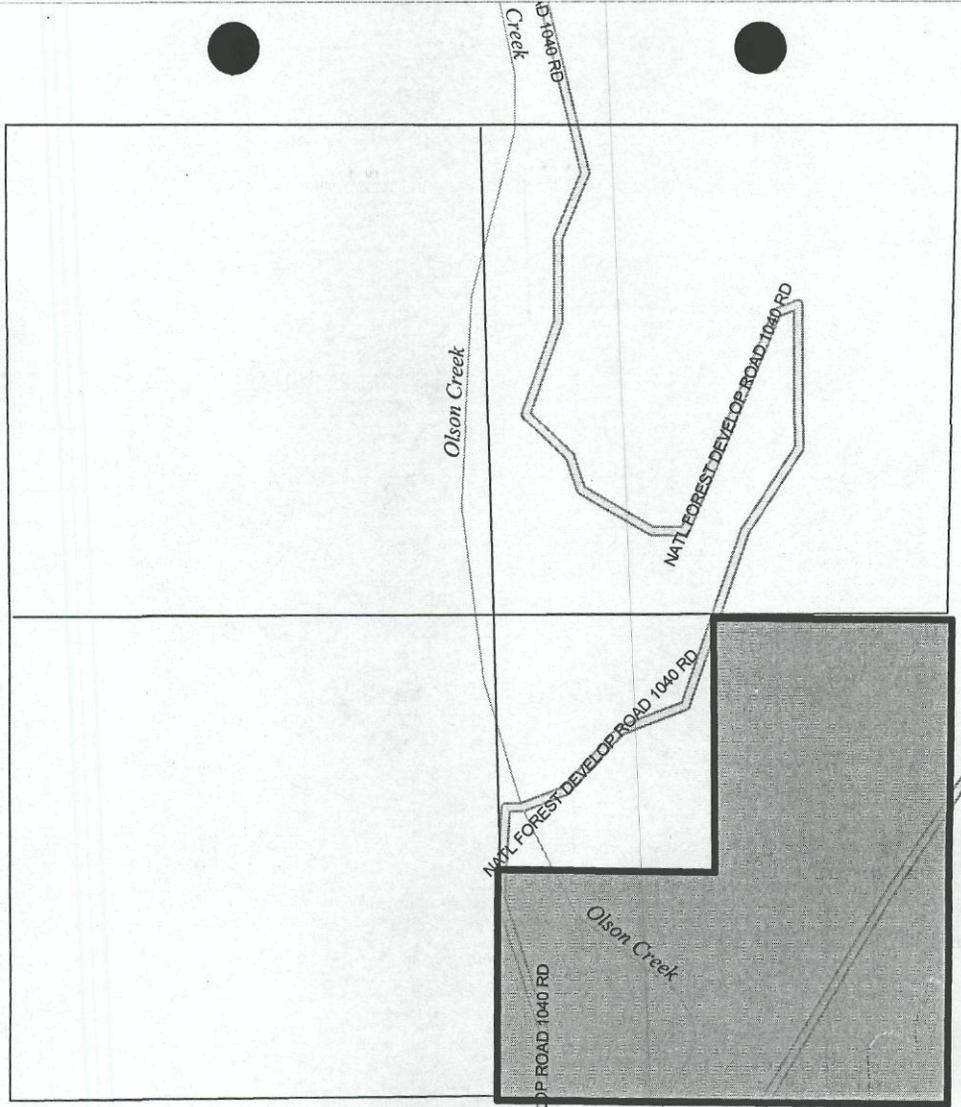
We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	

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).



William Porter Property

Legal Description of the Place of Use

The SW 1/4, SE 1/4, and NE 1/4 of the SE 1/4 of Section 1, Township 35 N., Range 10 E., W.M.

Map Scale: 1" = 1000 feet (approximately)