WASHINGTON STATE DEPARTMENT OF ECOLOGY

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For Ecology Use
Fee Paid 10
Date 27 Dec 01

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 Walter De Jong Home Tel:(206) 954 - 3341
Mailing Address 23430 High Bridge Rd Work Tel:(____)____ - _____
City Monroe State Wash Zip+4 98272 + _____ FAX:(360) 794 4645

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 60 Gallons per Min (☒ 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 Seepling Dairy Farm. 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: 72

☐ 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.: Number of diversions: _____	A permit is desired for One well(s).
Source flows into (name of body of water):	Size & depth of well(s): 6" 360 Deep

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

400 Ft to SE 920 to S W 1200 NE 1300 N W

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below: Lot	Block	Subdivision
~~NW~~	~~NE~~	~~[illegible]~~	27N	6E				
NW	NE	35	27N	6E	Sno			

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: _____

ECY 040-1-14
Rev. 12/94 F

APPLICATION

Appl. No.: G1-28123

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: Well

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

Pump & pipes to Farm Bldgs to Supply water to Dairy Farm for General Clean up & Water for Cows & Farm Dwellings

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: None

B. List total number of acres for other specified agricultural uses:

Use 250 pasture Acres 250
Use 30 Acres Trees + Farm Stead
Use _____ Acres _____

C. Total number of acres to be covered by this application: 280

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 1650 Animal type Hol (If dairy cattle, see below)
Dairy - # Milking 1150 # Non-milking 500

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 Duvall WA, go west 1 mi on Duvall Woodinville Rd. Take R. on West Snoqualmie Rd NE & travel N. for 3.2 miles Dairy on Right

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) — Date: 12-26-01

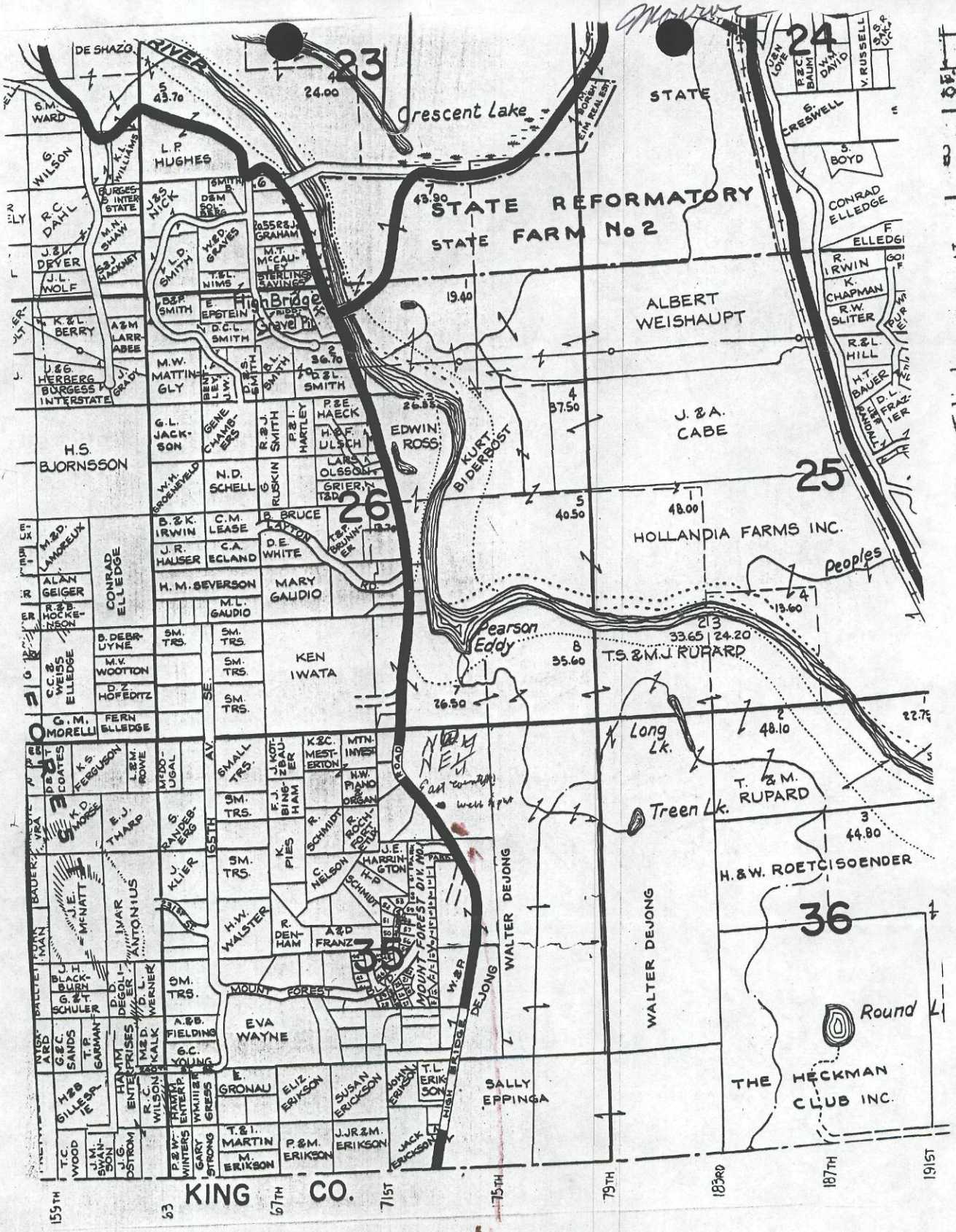
Landowner for place of use (if same as applicant, write "same") — Date: 12-26-01

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 98503-0210
_____ 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).


Crescent Lake
STATE REFORMATORY
STATE FARM No 2
STATE
ALBERT WEISHAUPT
J. & A. CABE
HOLLANDIA FARMS INC.
Peoples
Pearson Eddy
T.S. & M.J. RUPARD
Long Lk.
Treen Lk.
T. & M. RUPARD
H. & W. ROETCISOENDER
Round
THE HECKMAN CLUB INC.
WALTER DEJONG
SALLY EPPINGA
EDWIN ROSS
KURT BIDERBOST
KEN IWATA
MARY GAUDIO
H.S. BJORNSSON
L.P. HUGHES
R.C. DAHL
G. WILSON
S.M. WARD
DE SHAZO
High Bridge
Gravel Pit
MOUNT FOREST
EVA WAYNE
KING CO.
155TH
67TH
71ST
75TH
79TH
183RD
187TH
191ST
24
23
25
26
36
New well

Duval