



FEE PAID # 5472

State of Washington Application for a Water Right

For Ecology Use
Fee Paid 10
Date 04/30/04

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED

MAY 04 2004

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

Name Frank and Teresa Campbell Home Tel: (360) 661-7339
Mailing Address 20384 Alger CCC Lane Work Tel: (360) 421-5282
City Sedro Woolley State WA Zip+4 98284-7657 FAX: (360) 724-0342

DEPT OF ECOLOGY

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name NA Home Tel: () -
Mailing Address NA 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 20 (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 gardens for commercial use. 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: 689 gal per sq ft per yr.

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 _____ well(s). | | |
| Number of diversions: _____ | | | | | <u>(existing well)</u> | | |
| Source flows into (name of body of water): | | | | | Size & depth of well(s): <u>65 feet</u> | | |
| LOCATION | | | | | | | |
| Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>500 ft South and 700 ft West of well</u> | | | | | | | |
| % of | % of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | |
| <u>NE</u> | <u>NW</u> | <u>4</u> | <u>36N04E</u> | <u>Skagit</u> | | Lot | Block |
| | | | | | | <u>4</u> | |
| For Ecology Use | | Date Received: <u>5-4-04</u> | | Priority Date: <u>5-4-04</u> | | | |
| SEPA: Exempt/Not Exempt | | FERC License # _____ | | Dept. Of Health # _____ | | | |
| Date Accepted As Complete _____ | | By: <u>DJO</u> | | Date Returned _____ | | By: _____ WRIA: <u>3</u> | |

Appl. No.: 61-28210

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

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

Water will be taken from the well via hose to the garden sites on the property. There is not a well log registered for this property.

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: 0 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: 1/4

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: 1/4

D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
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; 1/4
‡ Acreage proposed to be irrigated under other pending application(s).

1. Is the combined acreage greater than 6000 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.

Access Alger Cain Lake Road from I-5 North via Alger exit. Follow Cain Lk Rd to Alger CCC Road, turn Rt, 1/2 mi to end of paved road. Address is in cul-de-sac to the left, 20384 Alger CCC Lane.

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.

Teresa L. Campbell
Applicant (or authorized representative)

4.28.04
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.

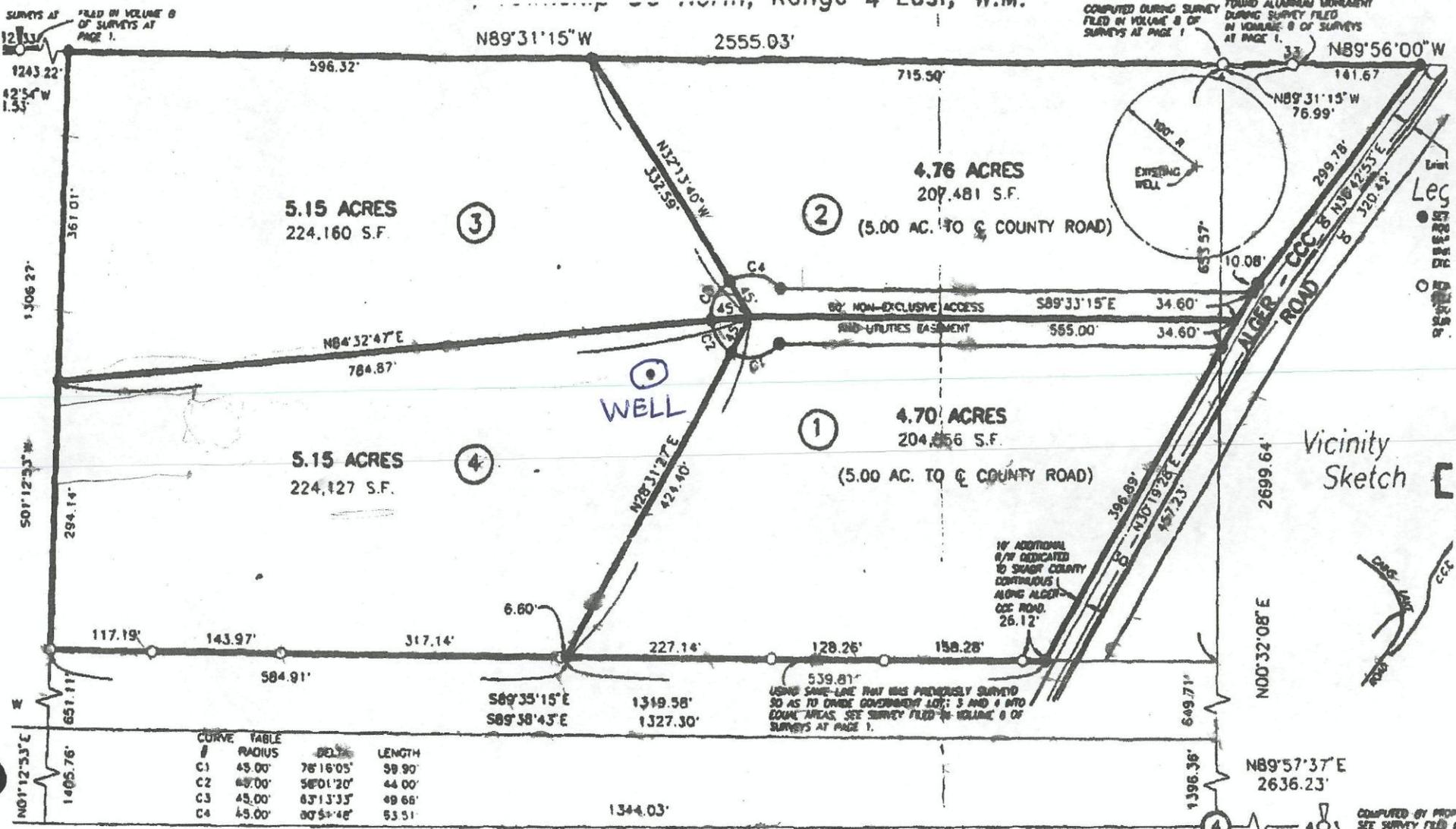
| | |
|---|---|
| We are returning your application for the following reason(s): | |
| _____ Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 |
| _____ Section number(s) _____ is/are incomplete | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE |
| Explanation: | |
| Please provide the additional information requested above and return your application by _____ _____ (date). | |

Ecology staff _____ Date _____

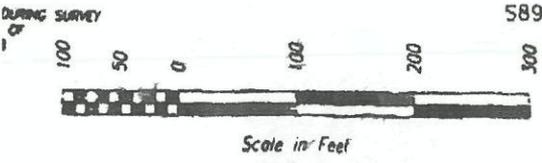
Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice)
or (360) 407-6006 (TDD).

APPLICATION



| CURVE # | RADIUS | DELTA | LENGTH |
|---------|--------|-----------|--------|
| C1 | 45.00' | 76°16'05" | 99.90' |
| C2 | 45.00' | 56°01'20" | 44.00' |
| C3 | 45.00' | 63°13'35" | 49.66' |
| C4 | 45.00' | 80°51'48" | 53.51' |



Legal Description

THAT PORTION OF THE NORTH 1/2 OF GOVERNMENT LOT 2, LYING NORTHWESTERLY OF THE C.C.C. ROAD AND THAT PORTION OF THE NORTH 1/2 OF GOVERNMENT LOT 3, LYING NORTH AND WEST OF THE C.C.C. ROAD, ALL IN SECTION 4, TOWNSHIP 36 NORTH, RANGE 4 EAST, 10E.

Acknowledgements

STATE OF WASHINGTON COUNTY OF _____ I CERTIFY THAT I HAD OR HAVE SATISFACTORY EVIDENCE THAT THIS INSTRUMENT AND ACKNOWLEDGED IT TO BE HIS/HER FREE AND VOLUNTARY ACT FOR THE USES AND PURPOSES MENTIONED IN THE INSTRUMENT.

NOTARY SIGNATURE _____ DATE _____

Consent

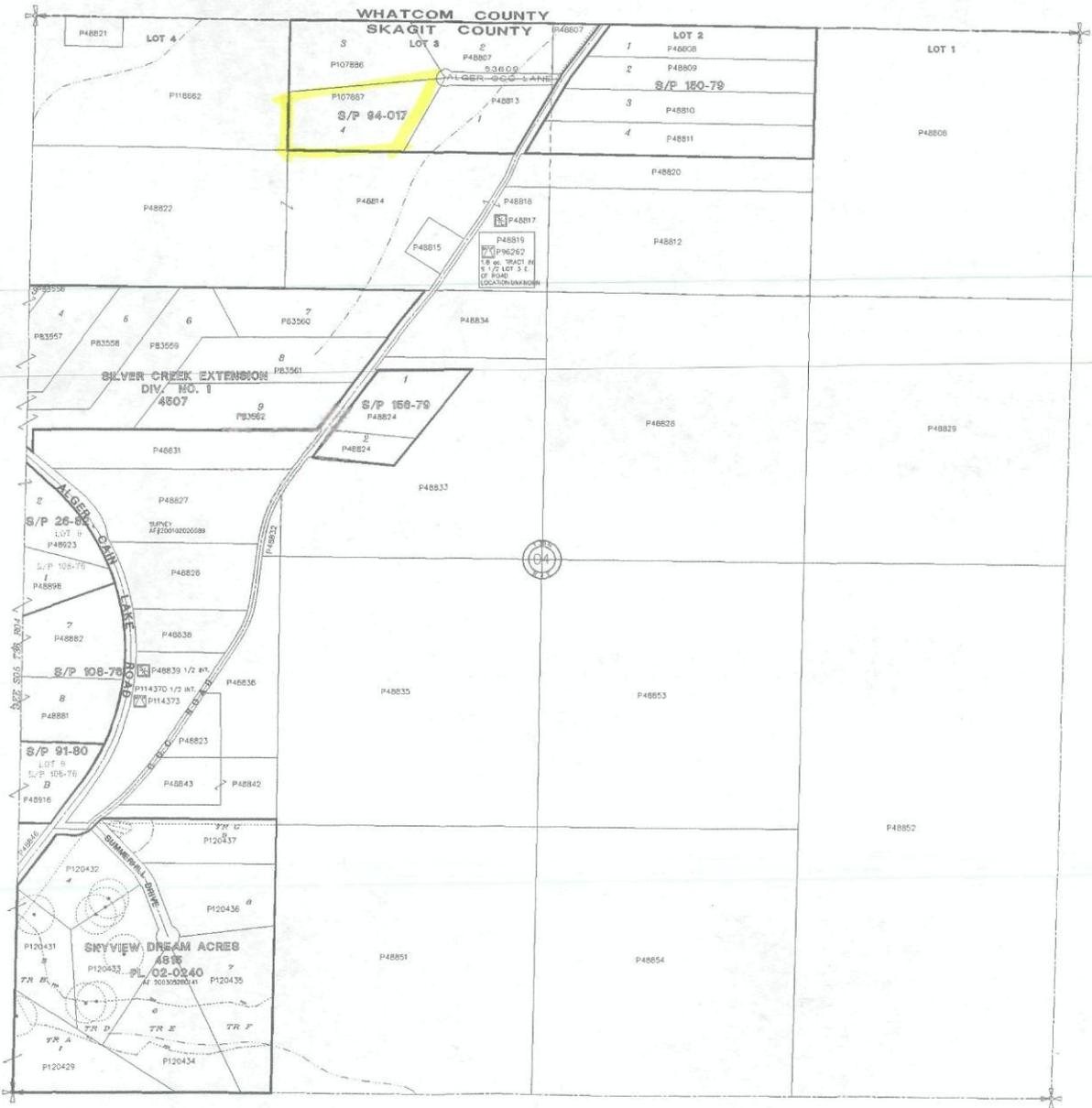
I HEREBY CONSENT THAT THE UNDERSIGNED SUBSCRIBERS HERETO HAVE READ AND UNDERSTAND THE CONTENTS OF THIS INSTRUMENT AND HAVE VOLUNTARILY AND KNOWINGLY AGREED TO THE SAME.

RONALD L. WALDEN _____ LANA D. WALDEN _____
 RON KILBY _____ DANN KILBY _____

DATE AND DATE OF APPROVAL SHALL BE INCLUDED IN ALL DEEDS AND CONTRACTS. NO CONSTRUCTION OF PRIVATE ROADS SHALL BE THE RESPONSIBILITY OF THE LOT OWNERS.

WELLS: WATER WILL BE SUPPLIED FROM INDIVIDUAL WATER SYSTEMS. PAYMENT TO DETERMINE IF ADDITIONAL WATER QUALITY OR QUANTITY TESTING FOR BUILDING PERMIT APPROVALS.

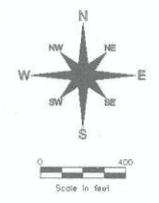
PROTECTION ZONE: FOR INDIVIDUAL WATER SYSTEMS ON LOTS 1 THRU 4 MUST BE IN THE PROPOSED LOT OWNED IN PER SAMPLE. ON THE OTHER MUST HAVE THE RIGHT LITE SANITARY CONTROL OF THE LAND THROUGH OTHER LEGAL MEANS, SUCH AS USE OF EASEMENTS.



SKAGIT COUNTY

| | | | | | |
|----|----|----|----|----|----|
| 6 | 5 | 4 | 3 | 2 | 1 |
| 7 | 8 | 9 | 10 | 11 | 12 |
| 18 | 17 | 16 | 15 | 14 | 13 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 30 | 29 | 28 | 27 | 26 | 25 |
| 31 | 32 | 33 | 34 | 35 | 36 |

T 36 N R 04 E



These maps were created from available public records and existing map sources, not from field surveys. Map features from all sources have been updated to conform to a best fit registration to the Geographic Information System. While great care was taken in this process, errors from different sources may appear due to the precise location of geographic features. The relative positioning of map features to one another results from combining different map sources without field "ground truthing".

*** THIS MAP IS NOT A SUBSTITUTE FOR FIELD SURVEY ***

| | | |
|--|----------|-------|
| | DATE | INIT. |
| DRAWN BY | 11/20/21 | RF |
| REVISED | 08/09/23 | RF |
| PLOTTED | 06/20/23 | rs |
| MAP PRODUCED BY SKAGIT COUNTY MAPPING SERVICES | | |

Section 4
T 36 N R 04 E