



State of Washington  
Application for a Water Right

**FEE PAID**

For Ecology Use  
Fee Paid 10  
Date 15 Jan 04

Please follow the attached instructions to avoid unnecessary delays.

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

Name John Leenstra Home Tel: (360) 674-7327  
Mailing Address 1764 emerald Lake way Work Tel: (360) 319-9434  
City Bellingham State WA Zip+4 98+226 FAX: ( ) -

**RECEIVED**

JAN 15 2004

DEPT OF ECOLOGY

**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 \_\_\_\_\_

**RECEIVED**

FEB 05 2004

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**Section 3. STATEMENT OF INTENT**

The applicant requests a permit to use not more than .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 .5 afy. 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: \_\_\_\_\_

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>Lake Samish</u>					A permit is desired for _____ well(s).			
Number of diversions: <u>1</u>								
Source flows into (name of body of water):					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:								
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
		<u>26</u>	<u>37</u>	<u>3E</u>	<u>Whatcom</u>	<u>9</u>		
For Ecology Use Date Received: <u>1/15/04</u> Priority Date: <u>1/15/04</u>								
SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____								
Date Accepted As Complete <u>1/15/04</u> By <u>DSD</u> Date Returned _____ By _____ WRIA: <u>3</u>								

Appl. No.: SI-28198

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: None

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

submersible pump in Lake to House  
1 1/4 pipe 1/2 H.P

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 House  
(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: 0

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

Use \_\_\_\_\_ Acres 0  
Use \_\_\_\_\_ Acres 0  
Use \_\_\_\_\_ Acres 0

C. Total number of acres to be covered by this application: 0

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;
- ‡ 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 \_\_\_\_\_

may have 1 or 2 horses if Allowed

**Section 8. WATER STORAGE**

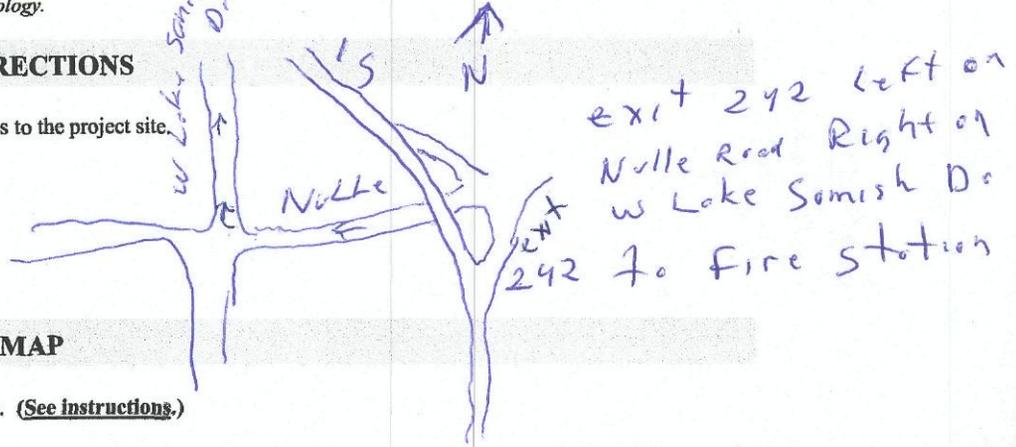
Will you be using a dam, dike, or other structure to retain or store water?

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.



**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):

property is scheduled to close  
on or around Feb 13th 2004

B. Does the applicant own the land on which the water source is located?

YES  NO

If no, submit a copy of agreement:

1/4th shore on 240' Lake front

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.

John Leard  
Applicant (or authorized representative)

12/28/03  
Date

Same  
Landowner for place of use (if same as applicant, write "same")

Date

X  
Jonathon Mikey (Landowner)

X  
Mikey (Landowner)

APPLICATION

MULJAT

Fax: 1-360-671-4124

Feb 2

14:59

P.03

**Section 8. WATER STORAGE**

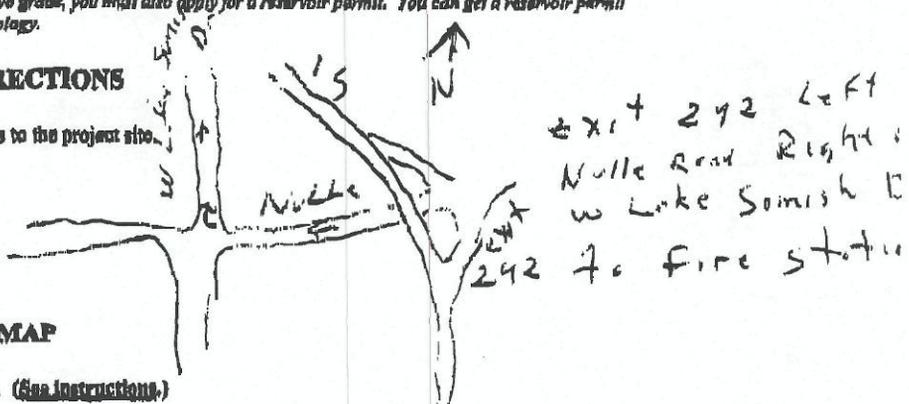
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YES  NO

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

Property is scheduled to close  
on or around Feb 12th 2004

B. Does the applicant own the land on which the water source is located?

YES  NO

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John Leland  
Applicant (or authorized representative)

12/28/03  
Date

Same  
Landowner for place of use (if same as applicant, write "same")

\_\_\_\_\_  
Date

Jonathan P. Milkey  
JONATHAN MILKEY (LANDOWNER)

Kelli J. Milkey  
MILKEY (LANDOWNER)

APPLICATION

Mode: INQUIRY

Real Property

Auto Roll: OFF

Omit DL: OFF

Parcel # 370326 075110 0000

Tax Yr 2004

\* Taxpayer # MILK 4000 MILKEY, JONATHAN

Date 4/22/99 By RL

\* Title Owner # MILK 4000 MILKEY, JONATHAN

Name Chg Reason SEG

\* Contract Own #

Loan #

Plat/Condo Type PL Code LAKE 2855 Blk

Lot 9 Unit Dock

Description LAKE SAMISH SUBDIV  
LOT 9-TOG WI UNDIV 1/6 INT IN PARCEL D  
LLA TO LAKE SAMISH SUBDIV AS REC  
AF 1553317

Chg Date 11/21/00  
Chg By KMW  
Chg Rs RV

Tax Code 1055 501 SAMW EMS9

Land Use 9110 RESIDENTIAL

Zoning Code RR2 RES RURAL 2DU/A

Tax Stat TX TAXABLE Reval C

Chg Rs RV MARKET REVAL

F/P? Y Ac 460 4.60

Land: Improved

Unimp

Timber Total

Land Improvement

Total\_AV

Acres 4.60

4.60

Taxable 46000

46000

46000

Market

New/C O/AV

Mob Home AV

Sub Cd Int%

Sr Cit Cd

Regular Taxable 46,000

Lien Date AF #

As-Tx Yr

\$577.66 2003 taxes

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