



State of Washington Application for a Water Right

V# 12982

For Ecology Use
Fee Paid <u>10.00</u>
Date <u>6/14/95</u>

Please follow the attached instructions to avoid unnecessary delays. ED

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

Name Leisure Time Resorts (John Martin) Home Tel: (206) 453-9727 Ext 306
 Mailing Address 9 LAKE Bellevue Drive NE Suite 105 Work Tel: (360) 985-2121 (@ SILVERCRK)
 City Bellevue State WA Zip +4 98005 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name Ron Pollock Home Tel: (360) 262-9411
 Mailing Address 308 Rosebrook Rd Work Tel: (360) 748-2353
 City Chehalis State WA Zip +4 98532 + FAX: () -
 Relationship to applicant ENGINEER

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 58 (Assume 2nd well equal to Existing) gallons per minute or Existing) cubic feet per second) from a surface water source or ground water source (check only one) for the purpose(s) of Public Water Supply For RV PARK. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. See Attached (Assume 40% yearly occupancy) see Attached
 Estimate a maximum annual quantity to be used in acre-feet per year: 20 Acre Ft/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 * See BACK PAGE

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 <u>2</u> well(s). A. Existing B. Proposed For Expansion of System
Number of diversions: _____	Size & depth of well(s): A. 6" 440' B 6" UNKNOWN Depth
Source flows into (name of body of water):	

LOCATION

Enter the north-south nearest section corner _____ et from the point of diversion or withdrawal to the _____

Map shows 1200' West of the SW corner Sec. 5 Quarter

¼ of	¼ of	S	12N	ZE	COUNTY	If location of source is platted, complete below:		
						Lot	Block	Subdivision
A SE	SW	S	12N	ZE	LEWIS			
B "	"	"	"	"	"			

For Ecology Use Date Received: 6/10/95 Priority Date: 6/10/95
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 6/14/95 By SJ Date Returned _____ By _____ WRIA: 26

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: LEISURE Time (PARADISE) # 677584 Approved 7/21/93
- B. Briefly describe your proposed water system. (See instructions.)
 Existing RV Campground has been approved for 200 RV connections + 1 Residence. LEISURE Time proposes to EXPAND by 100 additional connections (RV). Existing conc. storage tank (20' x 20') capacity of 47,000 gallons. LEISURE Time is currently installing a meter at the source. Dept of Health min. daily requirements will necessitate an additional source being constructed. 184 connections at this time
- C. Do you already have any water rights or claims associated with this property or system? YES NO
 PROVIDE DOCUMENTATION. Existing surface water rights # S2-00333 C

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 301 Type of connection 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. Existing system has been approved for 201 connections
184 connections at this time

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? July 21, 1993 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.) N/A

- 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

20x20 Reinforced concrete tank by Mt. Baker Silo, Inc (47,000 gal)

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. Drive South on I-5 to App. 7 mile South of Chehalis, TAKE SR-12 Exit toward YAKIMA. Travel East on SR-12 APPROX. 13.3 miles to MP 80.3. Turn Lt on SR 121 @ Silver CREEK Grange. Proceed 1/4 mile to Schoen Rd, Turn Lt (North) on Schoen Rd. Proceed 0.9 mile to Salem Plant Rd. Proceed APPROX. 1/2 mile on gravel Road to gate-house of RUPARK. Well IS located APPROX 1/4 mile west of Gate house

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

See Attached

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.

Ronald J. Palko
Applicant (or authorized representative)

5/26/95
Date

Leisure Time Resorts of America, Inc.
by John C. Martz, Director of Special Projects
Landowner for place of use (if same as applicant, write "same")

6/2/95
Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

#4 - Water Source - Assuming 24 hour operation (pumping) of existing well, The well can produce enough water to meet DOH criteria for 293 connections. Can leisure time expand to 293 connections without adding an additional source?
 Will DOE allow 24 hour pumping of the existing well during peak months (July & August)?

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).