



ORIGINAL

# State of Washington Application for a Water Right

RECEIVED

For Ecology Use  
 Fee Paid 10.00  
 CK# 4440  
 Date 12-19-95

Please follow the attached instructions to avoid unnecessary delays.

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

Name WESTERN INTERNATIONAL DEVELOPMENT CORP. Home Tel: ( ) -  
 Mailing Address 162 Cowlitz Loop Road Work Tel: (360) 864 - 6611  
 City Toledo State WA Zip+4 98591 + 9436 FAX: ( ) -

## Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name TRAVIS SULZER Home Tel: (360) 864 - 6611  
 Mailing Address 162 Cowlitz Loop Road Work Tel: (360) 864 - 6611  
 City Toledo State WA Zip+4 98591 + 9436 FAX: ( ) -  
 Relationship to applicant President

## Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 1.5 (  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 Public Supply (Multiple). Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

0.5 cfs pro Travis Sulzer 1/30/96 SC

Estimate a maximum annual quantity to be used in acre-feet per year: 56 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 1 / 1 / 96 to permanent

## Section 4. WATER SOURCE

<b>If SURFACE WATER</b>	<b>If GROUNDWATER</b>
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>1</u>	
Source flows into (name of body of water):  <u>COWLITZ 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 West; 450 feet South of the NE corner of Sec 26

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
NE ¼	NE ¼	<u>23, 26</u>	<u>11 N</u>	<u>R-2 WWM</u>	<u>Lewis</u>			

For Ecology Use Date Received: 12-19-95 Priority Date: 12-19-95  
 SEPA: Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 12/29/95 By SC Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 26

**Section 5. GENERAL WATER SYSTEM INFORMATION**

A. Name of system, if named: COWLITZ MOTEL & RV PARK

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

Water will be pumped from the Cowlitz River to a water treatment plant. The plant will utilize coagulation, flocculation, sedimentation, filtration pre and post chlorination and PH correction as approved by Washington State Environmental Health Department, to meet requirements of the SWTR. Distribution will be VIA conventional Enviro/Health Dept. approved system.

Pump size as specified by Design Engineer (5 HP )

C. Do you already have any water rights or claims associated with this property or system?  YES  NO  
PROVIDE DOCUMENTATION.

SEE ATTACHED COPIES

**Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION**

(Completed for all domestic/public supply uses.)

A. Number of "connections" requested: 150 + Type of connection Homes, Mobile Homes, Rec. (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. private owned system does not own sufficient water rights to accomodate additional load

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.  
PLAN IS BEING PREPARED

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.  
PLAN IS BEING PREPARED

**Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION**

(Complete for all irrigation and agriculture uses.)

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

Storage will be a reinforced concrete tank - 100,000 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.

I-5, Exit 59, eastside of I-5 on the north side of the Cowlitz River. Property fronts on Cowlitz River and I-5 Freeway at the river bridge.

**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):

Land is leased for 25 years with option to purchase

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.

*Thomas Sulzer*  
Applicant (or authorized representative)

12-16-95  
Date

*E. F. Vineyard, Sr.*  
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 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).