



# State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid _____
Date _____

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

Name STEPHANIE VERMEF Home Tel: (360) 497-2195  
 Mailing Address P.O. BOX 295 Work Tel: ( ) -  
 City RANDLE State WA Zip+4 98377 +0295 FAX: ( ) -

## 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 30 ( 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 WATER SUPPLY + POWER (HYDRO) GENERATION. 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: 1.23

Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:  
 From 7/1/97 to 10/15/97 *SEE ATTACHED LETTER - EMERGENCY PURPOSES FOR FIRE PROTECTION FOR LAND CLEARING + BURNING UNTIL WATER RIGHT HAS BEEN PERMITTED.*

## 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>UNNAMED SPRING FED STREAM</u>	A permit is desired for _____ well(s).
Number of diversions: <u>1</u>	
Source flows into (name of body of water): <u>COWITZ 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: N. 1250' AND W. 1900' FROM THE S.E. CORNER OF SECTION 10

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
S.W.	S.E.	10	12	8E	LEWIS	32026 #3		LOTS 1-7 VOLUME 10 pg 59 AUDITOR FILE # 911812
						TIMBER RIVER RANCHES"		

For Ecology Use Date Received: 1/24/97 Priority Date: 1/24/97  
 SEPA:  Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 1/24/97 By SC Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 26

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: N/A
- B. Briefly describe your proposed water system. (See instructions.)  
 THE PROPOSED SYSTEM WILL CONSIST OF TWO PATHS, ONE WITH WATER INLET AND TWO OUTLETS. WATER WILL BE DIVERTED INTO A 2" POLYPIPE. THIS 2" PIPELINE WILL RUN APPROX. 425' WITH ABOUT 98ft. of HEAD. THE PIPELINE WILL END IN A HOUSED 4" DELTON WHEEL AT STREAM BASE ABOVE CARR RD. THE TURBINE WILL PRODUCE APPROXIMATELY 270 WATTS of POWER AT 50% EFFICIENCY BASED ON SEASONAL AVAILABILITY.  
 A 265 foot length of 1 1/2" POLYPIPE WILL BE CONNECTED TO THE 2" PIPELINE FOR THE PURPOSE OF SUPPLYING APPROXIMATELY 1/2 gpm of DOMESTIC WATER TO A PROPOSED SINGLE FAMILY DWELLING. SEE ATTACHED MAP. THIS IS A GRAVITY FED SYSTEM
- 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 RECREATIONAL / FUTURE HOME  
 (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. N/A 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. N/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, 500 GAL STORAGE* <sup>MINIMUM</sup>  YES  NO  
*for fire protection during the dry months of summer & early fall.*

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. *PROCEED EAST ON HWY 12 THRU MORTON, GLENOMA, AND RANOLE. CARR RD TURNS TO THE LEFT OFF THE MAIN HIGHWAY ~~12~~ BEFORE GOING OVER THE "OVERHEAD, GREEN BRIDGE" CROSSING THE COWLITZ RIVER. ALSO, BEFORE THE LEFT TURN, YOU WILL SEE A BIG BARN WITH A GREEN ROOF ON THE RIGHT SIDE OF HIGHWAY 12. ~~THE~~ CONTINUE UP CARR RD. APPROXIMATELY 1 MILE TO LOT #3 ON THE LEFT SIDE OF THE RD.*

### 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):

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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.

*[Signature]*  
Applicant (or authorized representative)

*1-18-97*  
Date

*[Signature]*  
Landowner for place of use (if same as applicant, write "same")

*1-19-97*  
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).