



# State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use  
Fee Paid 1/13/98  
Date ✓

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

Name Kenneth A. Kramer Home Tel: (360) 352-9168  
Mailing Address 10711 Case Rd SW. Work Tel: (360) 459-2394  
City Olympia State Wa Zip+4 98503 + FAX: (360) 459-2592

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

Same as above

Name Ken Kramer Home Tel: (360) 352-9168  
Mailing Address 10711 Case Rd SW Work Tel: (360) 459-2394  
City Olympia State Wa Zip+4 98502 + FAX: (360) 459 2592  
Relationship to applicant owner

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 25 ( 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 Fish ponds. 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 5/1/98 to 10/1/98  
every 6 mo.

### Section 4. WATER SOURCE

| If SURFACE WATER   | If GROUNDWATER                            |
|--|---|
| Name the water source and indicate if stream, <u>spring</u> , <u>lake</u> , etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: | A permit is desired for <u>1</u> well(s). |
| Number of diversions: <u>one</u>   | 60 Feet                                   |
| Source flows into (name of body of water):<br><u>Lake Kramer</u>   |   |

#### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

900' N + 600' E of the Center of Sec 28

| ¼ of      | ¼ of      | Section   | Township  | Range(E/W) | County          | If location of source is platted, complete below: |           |               |
|-----------|-----------|-----------|-----------|------------|-----------------|---|-----------|---------------|
|           |           |           |           |            |                 | Lot   | Block     | Subdivision   |
| <u>Sw</u> | <u>NE</u> | <u>28</u> | <u>17</u> | <u>2 W</u> | <u>Thurston</u> | <u>A+B</u>  | <u>5A</u> | <u>S53916</u> |

For Ecology Use Date Received: 1/13/98 Priority Date: 1/13/98  
 SEPA:  Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 2/5/98 By SC Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 23

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: \_\_\_\_\_
- B. Briefly describe your proposed water system. **(See instructions.)**
  
- 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: \_\_\_\_\_ 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: \_\_\_\_\_
- 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 \_\_\_\_\_



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):  |  |
| <u>        </u> Examination fee was not enclosed  | APPLICANT PLEASE<br>RETURN TO CASHIER,<br>PO BOX 5128, LACEY, WA<br>98509-5128 |
| <u>        </u> Section number(s) <u>        </u> is/are<br>incomplete  | APPLICANT PLEASE<br>RETURN TO THE<br>APPROPRIATE REGIONAL<br>OFFICE            |
| Explanation: <i>Please sign application + we<br/>will need parcel No. for Land.</i>   |  |
| Please provide the additional information requested above and return your application by <u>February</u><br><u>26, 1998</u> (date). |  |

Ecology staff Shere Carroll Date 1/26/98

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).