



State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

FEB 12 10:12

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

Name AMERICAN WATER RESOURCES, INC. Home Tel: (____) _____ - _____
 Mailing Address 921 B MIDDLE FORK ROAD Work Tel: (360) 978- 6178
 City ONALASKA State WA Zip+4 98570 + _____ FAX: (____) _____ - _____

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name VIRGIL R. FOX Home Tel: (____) _____ - _____
 Mailing Address 921 B MIDDLE FORK ROAD Work Tel: (360) 978- 6178
 City ONALASKA State WA Zip+4 98570 + _____ FAX: (____) _____ - _____
 Relationship to applicant PRESIDENT

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 Multiple Domestic. 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: 3

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.:	A permit is desired for <u>ONE</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>6" 75'</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:
695' West and 35' North of the NE Corner of the SE 1/4 Sec 28-15-2W

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>SW</u>	<u>SW</u>	<u>28</u>	<u>15N</u>	<u>2W</u>	<u>LEWIS</u>			

For Ecology Use Date Received: 2/12/98 Priority Date: 2/12/98
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 3/9/98 By SC Date Returned _____ By _____ WRIA: 23

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: # 348 EASTRIDGE # 3

B. Briefly describe your proposed water system. (See instructions.)
A GROUP B WATER SYSTEM TO SERVE SIX (6) CONNECTIONS

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: 6 Type of connection HOUSES
(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 _____

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.

See Map Attached

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):

AMERICAN WATER RESOURCES OWNS AND OPERATES THE WATER SYSTEM

BRUCE LARSON OWNS THE LAND

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

YES NO

If no, submit a copy of agreement:

*APPLICANT OWNS WATER SYSTEM, NOT THE LAND
SEE 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.

Applicant (or authorized representative)

2/10/98

Date

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 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 _____

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