



# State of Washington

## Application for a Water Right

For Ecology Use  
 Fee Paid \_\_\_\_\_  
 Date \_\_\_\_\_

Please follow the attached instructions to avoid unnecessary delays.

**RECEIVED**  
 '98 APR 15 A9:15

### 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 thirty ( 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 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.

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>DNE</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>6" 220'</u>

#### LOCATION

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

855' West and 25' North of the NE corner of the SE 1/4 of Sec 1-12-25

1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE</u>	<u>NE</u>	<u>1</u>	<u>12</u>	<u>2E</u>	<u>LEWIS</u>			
<u>SE</u>	<u>NE</u>							

For Ecology Use Date Received: 4-15-98 Priority Date: 4-15-98  
 SEPA:  Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 4-23-98 By SC Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 26

11-53-88 20 11-12-88 20

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: 359-Johnson
- B. Briefly describe your proposed water system. (See instructions.)  
A NEW 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.

Highway 12 to Alseyrock, Left onto Harmony Rd  
@ Approx 2 MI Turn Right onto Lawson Rd, Go to top of Hill - See Map Attached

**Section 10. REQUIRED MAP**

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

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):

AMERICAN WATER RESOURCES, INC. OWNS AND OPERATES THE WATER SYSTEM

DUANE A. JOHNSON, ETAL ARE OWNERS OF 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 Land  
See Attached 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)

9-8-97

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).