



\$ 10.00 on-Refundable Fee

well only
man/plan to acre

State of Washington Application for a Water Right

For Ecology Use
Fee Paid _____
Date _____
SUG 11 1999

Please follow the attached instructions to avoid unnecessary delays.

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

Name Robert A & Jeanette N. Remole Tenants in Common Home Tel: (360) 497 - 6189
 Mailing Address P.O. Box 339 Work Tel: (____) _____ - none
 City Randle State WA Zip+4 98377 + 0339 FAX: (____) _____ - none

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

Single The applicant requests a permit to use not more than twenty (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 use and irrigation. ATTACH A "LEGAL"

DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. North half of Government Lot 7, Section 24 T. 12.N. R 7 E. W.M. in Lewis County
 Estimate a maximum annual quantity to be used in acre-foot per year: three

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>See attached Water Well Report</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: Approximately 1,820 feet south and 2,220 feet east from the NW corner of section 24 Being within the SW 1/4 NW 1/4 of section 24, T 12 N, Range 7 E. W.M.

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
SW	NW	24	12N	7E	Lewis	N 1/2 of Gov't Lot 7		

For Ecology Use Date Received: 8-11-98 Priority Date: 8-11-98
 SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 9-3-98 By SC Date Returned _____ By WRIA: 26

2-8-98

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: n.a.

B. Briefly describe your proposed water system. (See instructions.)
This property has depended on a spring for its water since prior to 1917. However, during the winter of 1997/8 land on three sides of the property was clearcut. It seemed wise to have a well dug under the circumstances.

A "Statement of Water Right Claim" was filed with the Department of Ecology on June 15, 1998, and assigned Registration Number 300534 by the Department. It was for the spring; NOT for the use of a well which is the subject of this request. A xerox of that "Statement of Water Right Claim" is enclosed.

C. Do you already have any water rights or claims associated with this property or system? YES NO
PROVIDE DOCUMENTATION. (see Section 5 B above)

A "Statement of Water Right Claim" for ground water was filed with the Department of Ecology on June 15, 1998, and assigned Registration Number 300534 by the Department

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION
(Completed for all domestic/public supply uses.)

A. Number of "connections" requested: one Type of connection 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. 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
(Completed for all irrigation and agriculture uses.)

A. Total number of acres to be irrigated: five

B. List total number of acres for other specified agricultural uses:

Use landscaping & fruit garden Acres five
Use _____ Acres _____
Use _____ Acres _____

C. Total number of acres to be covered by this application: five

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 n.a. Animal Type _____ (If dairy cattle, see below)
Dairy - # Milking n.a. # 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.
Take State Highway 131 south from Randle for 3/4 of a mile; turn left at Y on to Forest Road 23 (Cispus) for 1/4 mile. Cline Road comes in from the left and dead ends. Take Cline Road for four miles to Milepost "4". Go a few hundred feet further to 924 Cline Road which is where the property is located. There are no other homes within 1/2 mile on either side of 924 Cline Road

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)
A map is enclosed. Driving instructions are given in Section 9. The location of the well is shown on the map. As indicated on this map the well is located 1820 feet south and 2220 feet east from the NW corner of section 24 Being within the SW 1/4 of NW 1/2 of Section 24 T12N, R7E WM. (See Section 4). The nearest surface water is an unnamed stream *CONTINUED PAGE FOUR*

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):

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.

Robert A. Remole + Janette D. Remole
Applicant (or authorized representative)

August 7, 1998
Date

Same
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.

Section 10 continued

which dries up in the summer and is located about 220 feet due east of the well. As for permanent surface water, that is an oxbow of the Cowlitz River (NOT the Cowlitz River itself) which at its closest point is about 1300 feet from the well in a nnw direction. The area with green hatching is the area of the garden and landscaping which is under irrigation.

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 _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).