



# 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 Lakeview Terrace Water Group Home Tel: (206) 915-9661  
 Mailing Address 174 Baker Dr Work Tel: ( ) -  
 City Mossyrock State WA Zip+4 98564 + FAX: ( ) -

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

Same as above

Name Joette Anderson Home Tel: (206) 915-9661  
 Mailing Address same Work Tel: ( ) -  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_ + FAX: ( ) -  
 Relationship to applicant manager

### Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 89 (  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 residential use. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. (33x100x365; 43560)  
 Estimate a maximum annual quantity to be used in acre-feet per year: 31.84 acre ft

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<br>Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:<br>Number of diversions: _____<br>Source flows into (name of body of water): _____ | If GROUNDWATER<br>A permit is desired for <u>2</u> well(s).<br>Size & depth of well(s):<br><u>S 01 103' 1790' W, 215' N SE cor. Sec 16</u><br><u>S 02 200' 1500' W, 300' N SE cor. Sec 16</u> |
|---|---|

#### LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: S 01 103' Deep 1790' West, 215' North SE CORNER Sec 16  
S 02 200' Deep 1500' West, 300' North SE CORNER Sec 16

| ¼ of | ¼ of | Section   | Township  | Range(E/W) | County       | If location of source is platted, complete below: |       |             |
|------|------|-----------|-----------|------------|--------------|---|-------|-------------|
|      |      |           |           |            |              | Lot   | Block | Subdivision |
|      |      | <u>16</u> | <u>12</u> | <u>2E</u>  | <u>LEWIS</u> |   |       |             |

For Ecology Use Date Received: 8-21-98 Priority Date: 8-21-98  
 SEPA:  Exempt/Not Exempt FERC License # \_\_\_\_\_ Dept. Of Health # \_\_\_\_\_  
 Date Accepted As Complete 9/3/98 By SC Date Returned \_\_\_\_\_ By \_\_\_\_\_ WRIA: 26

**Section 5. GENERAL WATER SYSTEM INFORMATION**

- A. Name of system, if named: Lakeview Terrace Water Group
- B. Briefly describe your proposed water system. (See instructions.)  
**Existing water system of 38 connections which will increase to 38 connections. Storage exists of 2-315 gallon tanks. Standby storage will be provided by a second existing well which will be brought on line. Distribution consists of 3" PVC WATER LINE**
- C. Do you already have any water rights or claims associated with this property or system?  YES  NO  
 PROVIDE DOCUMENTATION. **CERTIFICATE 698036 SEE ATTACHED COPY**

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

- A. Number of "connections" requested: 38 Type of connection Homes  
 (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.* **within Area of Lakeview Terrace. Existing water rights are not sufficient to supply water per WOOD guidelines.**
- 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.) N/A

- A. Total number of acres to be irrigated: 38
- 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.

*1-5 south to Hiway 12 East - then 15 miles East to Baker Dr. Go left on Baker Dr to end of road.*

**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):

*water to be used by adjacent neighborhood*

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.

*[Handwritten Signature]*

Applicant (or authorized representative)

*8/17/98*

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<br>RETURN TO CASHIER,<br>PO BOX 5128, LACEY, WA<br>98509-5128 |
| _____ Section number(s) _____ is/are<br>incomplete  | APPLICANT PLEASE<br>RETURN TO THE<br>APPROPRIATE REGIONAL<br>OFFICE            |
| Explanation:  |  |
| Please provide the additional information requested above and return your application by _____<br>_____ (date). |  |

Ecology staff \_\_\_\_\_ Date \_\_\_\_\_

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