



\$10.00 Non-Refundable Fee

State of Washington Application for a Water Right

For Ecology Use

Fee Paid _____

Date _____

Please follow the attached instructions to avoid unnecessary delays.

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

Name SEQUIM PRESBYTERIAN CHURCH Home Tel: (360) 683 - 4194

Mailing Address 950 NORTH 5TH AVE. Work Tel: () -

City SEQUIM State WA Zip+4 98382 + FAX: (360) 683 - 8402

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

Same as above

Name DAH E. HUSTON Home Tel: (360) 681 - 7205

Mailing Address 1783 EAST SEQUIM BAY RD. Work Tel: () -

City SEQUIM State WA Zip+4 98382 + FAX: () -

Relationship to applicant MEMBER - BUILDING & GROUNDS COMMITTEE

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 90 (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 WATERING LAWNS, LANDSCAPING & OUTSIDE IRRIGATION. 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-foot per year: EST. 8 to 12 Ac. Ft. (MAX)

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>1</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>6" - EST. 120 FT. OR LESS</u>

LOCATION 3375

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 575' EAST & 330' SOUTH OF ~~NE~~ CORNER OF SECTION 18 Center

1/4 of	1/4 of	Section	Township	Range (E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NW</u>	<u>SE</u>	<u>18</u>	<u>30N</u>	<u>3W</u>	<u>CLALLAM</u>	<u>SEE ATTACHED MAPS</u>		

For Ecology Use Date Received: 7/9/99 Priority Date: 7/9/99

SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____

Date Accepted As Complete 8/25/99 By [Signature] Date Returned _____ By _____ WRIA: 18

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: _____

B. Briefly describe your proposed water system. (See instructions.)

6" WELL WITH MAXIMUM 5HP PUMP (Submersible) TO SUPPLY WATER FOR IRRIGATION PURPOSES ONLY. DISTRIBUTION BY UNDERGROUND PIPES SYSTEM, TO IRRIGATE LAWNS & LANDSCAPING FOR AN APPX. 14 ACRE ^(loc. Irr) SITE. DRIP SYSTEM WILL BE USED WHERE APPLICABLE, WITH DROUGHT RESISTANT PLANTS WHERE POSSIBLE, TIMING DEVICES WILL BE USED TO CONTROL APPLICATION OF WATER. WILL NOT BE USED DURING RAINY SEASON. CHURCH IS GROWING RAPIDLY AND WE EXPECT TO DEVELOP A SIZEABLE COMPLEX IN THE NEXT 5-TO 20 YEARS.

C. Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.

YES NO
NOT TO OUR KNOWLEDGE

Section 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION

NO AGRICULTURE **(Completed for all domestic/public supply uses.)**

CHURCH BUILDINGS WILL ALL BE SUPPLIED WITH ^{ALL} POTABLE WATER FROM SEQUIM MUNICIPAL WATER.

A. Number of "connections" requested: _____ Type of connection POTABLE WATER ONLY
(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.* WE ARE CONNECTED - PRICE PROHIBITS USING THIS FOR OUTSIDE, IRRIGATION PURPOSES.

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: MAXIMUM ESTIMATE 6 ACRES

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

Use NONE Acres _____

Use _____ Acres _____

Use _____ Acres _____

C. Total number of acres to be covered by this application: 6 ACRES MAX IRRIGATION (14 ACRES INCL BLDGS AND PARKING AREAS.)

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: NONE
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. FROM HWY. 101 IN SEQUIM - NORTH ON FIFTH AVENUE FOR ABOUT 3/4 MILE. RIGHT SIDE OF 5TH AVENUE TO # 950 NORTH.

Section 10. REQUIRED MAP

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

DUNGENESS RIVER ABOUT A MILE AND A HALF WEST AS FAR AS WE CAN DETERMINE, THERE IS NO SURFACE WATER IN OVER A MILE RADIUS

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.

SEQUIM PRESBYTERIAN CHURCH
David O. Collins, PRESIDENT
Applicant (or authorized representative)

6/29/99
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.

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).