State of Washington
Application for a Water Right

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Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use
Fee Paid _____
Date _____

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

Name ARLEN B. CLARK Home Tel: (360) 887 - 3791

Mailing Address 1813 NE 191ST CIRCLE Work Tel: (360) 397 - 6118-X4728

City RIDGEFIELD State WA Zip+4 98642 + 8940 FAX: (360) 397 - 6087

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

The applicant requests a permit to use not more than 20 (☒ 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 WATER & 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: 2.4

☐ 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.: Number of diversions: _____	A permit is desired for 1 well(s).
Source flows into (name of body of water):	Size & depth of well(s): 6" x 120'

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: ~~1650~~ 2300' SOUTH AND ~~1550~~ 2100' EAST OF THE NW. CORNER OF SECTION 11, T3N R1E 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
SE	NW	11	3N	1E	CLARK			

For Ecology Use Date Received: 3/15/02 Priority Date: 3/15/02

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

Date Accepted As Complete 3/26/02 By SC Date Returned _____ By _____ WRIA: 28

ECY 040-1-14
Rev. 7/97 * * f

APPLICATION

Appl. No.: G2 30050

Section 5. GENERAL WATER SYSTEM INFORMATION

A. Name of system, if named: UN NAMED CLASS B SYSTEM # 032307

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

WILL USE A 1HP SUBMERSIBLE PUMP AND PRESSURE TANK
PRESSURE TANK & CONTROLS ARE IN A HEATED BUILDING TO PREVENT FREEZING OF PIPES & TANK.

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: 2 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.*

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: 2

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

Use LAWNS Acres 1½
Use GARDEN Acres ½
Use _____ Acres _____

C. Total number of acres to be covered by this application: 2

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 3 Animal Type 1 GOATS 1 HORSE (If dairy cattle, see below)
Dairy - # Milking N/A # Non-milking N/A

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 EXIT 9 OFF I-5. HEAD NORTH ON NE 10TH STREET. AT ABOUT 1½ MILES NORTH TURN EAST ON NE 194TH ST, CONTINUE TO TOP OF HILL AND TURN SOUTH ON NE 17TH AVE TURN EAST ON NE 191ST CIRCLE - FIRST HOUSE ON RIGHT.

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):

_____

_____

_____

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.

C. Clark — 13 MAR 02

Applicant (or authorized representative) — 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).